2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

FILED
Mar 24, 2008 08:00 AI
Secretary of State

DOCUMENT # A06000000723

1. Entity Name

DASSETT FL CITY, LTD.

Principal Place of Business	Mailing Address
8890 W. OAKLAND PARK BLVD., SUITE 201 FT. LAUDERDALE FL 33351	8890 W. OAKLAND PARK BLVD., SUITE 201 FT. LAUDERDALE FL 33351

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/07)

4. FEI Number 33-1140851 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRAZIER, ROBERT W JR. C/O FRAZIER, HOTTE & ASSOCIATES, P.A. 6550 N. FEDERAL HIGHWAY, SUITE 220 FT. LAUDERDALE FL 33308	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! Fee is $500. * After May 1, 2008, fee will be $900. *** Make check payable to Florida Department of State.**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT #	M89579	STREET ADDRESS	
NAME	ECHION U.S.A., INC.		
STREET ADDRESS	8890 W. OAKLAND PARK BLVD., SUITE 201	CITY-ST-ZIP	
CITY-ST-ZIP	FT. LAUDERDALE FL 33351		
DOCUMENT #	L01000001254	STREET ADDRESS	
NAME	GADINSKY REAL ESTATE, LLC		U00000889444
STREET ADDRESS	1680 MICHIGAN AVENUE SUITE 1001	CITY-ST-ZIP	04/09/08-80049-010 500.00
CITY-ST-ZIP	MIAMI BEACH FL 33139		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
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CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: [signature] 03/19/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #