


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 15 AM 8:17

DOCUMENT # A27346	
1. Entity Name ETTOH LTD.	

Principal Place of Business 8890 WEST OAKLAND PARK BLVD. #201 SUNRISE FL	Mailing Address 8890 WEST OAKLAND PARK BLVD. #201 SUNRISE FL
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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[Handwritten Signature]

1ST MOORE CR2E003 (10/04)

4. FEI Number **65-0211134** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent FRAZIER, ROBERT W. 2400 E. COMMERCIAL BLVD., #800 FT. LAUDERDALE FL 33308	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

11. FILE NOW!!! Due by May 1, 2005
See Block 11: instructions for fee info.

9. Capital Contributions as Shown on record. \$10,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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	
DOCUMENT #	M89579
NAME	EICHON U.S.A., INC.
STREET ADDRESS	8890 W OAKLAND PARK BLVD
CITY-ST-ZIP	SUNRISE FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

100049103511
03/24/05-01050-001 **167.50

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Handwritten Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

Date **3-10-05** Daytime Phone # **789 (954) 8990**