


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

<b>DOCUMENT # A27346</b>	
1. Entity Name <b>ETTOH LTD.</b>	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 MAR 17 AM 9:30

Principal Place of Business <b>8890 WEST OAKLAND PARK BLVD. #201 SUNRISE FL</b>	Mailing Address <b>8890 WEST OAKLAND PARK BLVD. #201 SUNRISE FL</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

*[Handwritten initials]*

1st MOORE CR2E003 (10/05)

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

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, 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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>M89579 EICHON U.S.A., INC. 8890 W OAKLAND PARK BLVD SUNRISE FL</b>	STREET ADDRESS	
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03/30/06-01065-012 \*\*\*508.75

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:** *[Handwritten Signature]* **3/9/06** *[Handwritten Phone]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #