


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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 31 PM 2:46

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**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

1st MOORE CR2E003 (10/07)

City & State
Zip Country

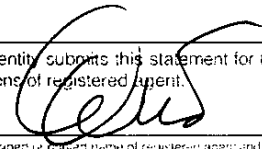
4. FEI Number **65-0211134**
Applied For
Not Applicable

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: **FRAZIER, ROBERT W.**
Street Address (P.O. Box Number is Not Acceptable): **6550 N. FEDERAL HWY
FORT LAUD FL 33308**

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:

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

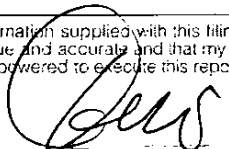
**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	M89579
NAME	EICHON U.S.A., INC. → ECHION USA 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	CONNECTION
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	900121412239
CITY-ST-ZIP	03/27/08--01001--023 **500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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:  **DANIEL MOORE** 9-14-7498590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date: 9-14-7498590