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

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # A32094

1. Entity Name

PORT ROYALE ASSOCIATES, LTD.

Principal Place of Business	Mailing Address
6550 NORTH FEDERAL HIGHWAY SUITE 200 FT. LAUDERDALE FL 33308	% ECHION USA INC. 8890 W OAKLAND PARK BLVD., SUITE 201 SUNRISE 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 65-0289257 ☐ 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
ECHION U.S.A., INC. 8890 WEST OAKLAND PARK BLVD., SUITE 300 FT. LAUDERDALE FL 33351	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 PK BLVD.	CITY-ST-ZIP	
CITY-ST-ZIP	FT. LAUDERDALE FL		
DOCUMENT #	L51506	STREET ADDRESS	00000086204O 04/03/08-80034-004 500.00
NAME	CHAMBLISS DEV. CORP.		
STREET ADDRESS	201 N.W. 127TH AVENUE	CITY-ST-ZIP	
CITY-ST-ZIP	PLANTATION FL		
DOCUMENT #		STREET ADDRESS	
NAME			
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NAME			
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CITY-ST-ZIP			

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 Hotte 3/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE