

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

**FILED**  
**May 19, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # A95000000931**

1. Entity Name

PLANTATION COURT, LTD.



Principal Place of Business

8890 WEST OAKLAND PARK BLVD., SUITE 2  
FORT LAUDERDALE FL 33351

Mailing Address

8890 WEST OAKLAND PARK BLVD., SUITE 2  
FORT LAUDERDALE FL 33351



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E003 (10/05)

4. FEI Number

65-0589518

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 201  
FORT LAUDERDALE FL 33351

Name

Street Address



Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, and 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, 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 # M89579  
NAME ECHION U.S.A., INC.  
STREET ADDRESS 8890 WEST OAKLAND PARK BLVD., SUITE 201  
CITY-ST-ZIP FORT LAUDERDALE FL 33351

STREET ADDRESS

CITY-ST-ZIP

000000585306  
05/20/06 00126 003 500.75

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STREET ADDRESS

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE