

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**

2004 MAY -6 P 3:58

SECRETARY OF STATE




04272004 Chg-LP CR2E003 (10/03)

4. FEI Number **02-0554733** Applied For  Not Applicable

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

**DOCUMENT # A02000000236**  
 1. Entity Name  
**CHICO LIMITED PARTNERSHIP**



Principal Place of Business: **2665 S. BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133**  
 Mailing Address: **2665 S. BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**6. Name and Address of Current Registered Agent**  
**WORLD CORPORATE SERVICES, INC.**  
**2665 S. BAYSHORE DRIVE, SUITE 703**  
**MIAMI, FL 33133**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: **\$1,000.00**  
 10. Amount of Capital Contributions in FLORIDA to date: \_\_\_\_\_

**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 #	L02000004339	STREET ADDRESS	<b>400036521834</b>
NAME	CHICO MANAGEMENT LLC	CITY-ST-ZIP	
STREET ADDRESS	2665 S. BAYSHORE DRIVE, SUITE 703	STREET ADDRESS	<b>05/17/04--01074--001 **241.25</b>
CITY-ST-ZIP	MIAMI, FL 33133	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: **Timothy D. Richards** *Timothy D. Richards* Date: **4/22/04** (305) 858-9900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE