


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006**

FILED
Jun 02, 2006 08:00 AM
Secretary of State

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

05092006 Chg-LP CR2E003 (11/05)

4. FEI Number
02-0554733 Applied For
Not Applicable

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

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.

**FILE NOW!!! FEE IS \$500.00
Due by September 6, 2006**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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	L02000004339 CHICO MANAGEMENT LLC 2665 S. BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133	STREET ADDRESS CITY-ST-ZIP	
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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: *Timothy D. Richards* **5/9/06** (305) 858-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #