


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 28 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000001254	
1. Entity Name CHEZ ELAN, LTD.	

Principal Place of Business 819 PINEDALE ROAD FT WALTON BEACH, FL 32547	Mailing Address 819 PINEDALE ROAD FT WALTON BEACH, FL 32547
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2. Principal Place of Business 317 Racetrack Road Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Fort Walton Beach, FL	City & State
Zip 32547	Country USA



04202005 Chg-LP CR2E003 (10/03)

4. FEI Number 20-1424527	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LARSON, LOWELL C JR 819 PINEDALE ROAD FT WALTON BEACH, FL 32547
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7. Name and Address of New Registered Agent Name Nicole Monsees Street Address (P.O. Box Number is Not Acceptable) 819 Pinedale Road City Fort Walton Beach FL Zip Code 32547
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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 <u>Nicole Monsees</u> April 26, 2005 Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	P95000086154
NAME	SOUTHERN VENTURES OF OKALOOSA COUNTY, INC.
STREET ADDRESS	819 PINEDALE ROAD
CITY-ST-ZIP	FT WALTON BEACH, FL 32547
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
STREET ADDRESS	900055185699
CITY-ST-ZIP	05/24/05--01033--004 **437.50
STREET ADDRESS	900055185699
CITY-ST-ZIP	05/24/05--01033--005 **88.75
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: <u>[Signature]</u> May 24, 2005 863.3242 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #
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STAPLE CHECK HERE