


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 AM 8:43

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

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

Principal Place of Business 317 RACETRACK ROAD FT WALTON BEACH, FL 32547	Mailing Address 819 PINEDALE ROAD FT. WALTON BEACH, FL 32547
--	--

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



01182006 Chg-LP CR2E003 (11/05)

4. FEI Number 20-1424527	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent MONSEES, NICOLE 819 PINEDALE ROAD FT WALTON BEACH, FL 32547
--

7. Name and Address of New Registered Agent Name <u>LARSON, LOWELL C. JR.</u> Street Address (P.O. Box Number is Not Acceptable) <u>819 PINEDALE RD</u> City <u>FT WALTON BEACH</u> FL Zip Code <u>32547</u>

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>Lowell C Larson</u> 4/28/06 DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	700075013267
CITY-ST-ZIP	05/22/06--01007--030 **500.00

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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: <u>Lowell C Larson</u> 4/28/06	Date	Daytime Phone #
---	------	-----------------

STAPLE CHECK HERE