

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

07 MAY 18 AM 9:42

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A93000001367

1. Entity Name
 EDISTO GROUP, LTD.



Principal Place of Business
 5505 N. ATLANTIC AVENUE, SUITE 115
 COCOA BEACH, FL 32931

Mailing Address
 5505 N. ATLANTIC AVENUE, SUITE 115
 COCOA BEACH, FL 32931

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.
 #108

Suite, Apt. #, etc.
 #108

City & State

City & State

04132007 Chg-LP CR2E003 (12/06)

4. FEI Number
 59-3213396

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

MCPHILLIPS, JACQUELINE
 5505 N. ATLANTIC AVENUE, SUITE 115
 COCOA BEACH, FL 32931

7. Name and Address of New Registered Agent

Name KINCAID, JAMES

Street Address (P.O. Box Number is Not Acceptable)

5505 N. ATLANTIC AVE, #108

City COCOA BEACH FL Zip Code 32931

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 James Kincaid
 Signature, typed or printed name of registered agent and title if applicable.

4/20/2007
 DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 # P93000085632
 NAME GROUP EDISTO, INC.
 STREET ADDRESS 5505 N. ATLANTIC AVENUE, SUITE 115
 CITY-ST-ZIP COCOA BEACH, FL 32931

DOCUMENT # N00000001462
 NAME CHASTAIN DEVELOPMENT CORP.
 STREET ADDRESS 2730 CUMBERLAND BLVD.
 CITY-ST-ZIP SMYRNA, GA 30080

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 5505 N. ATLANTIC AVE, #108
 CITY-ST-ZIP

STREET ADDRESS ~~000103699683~~
 CITY-ST-ZIP ~~06/01/07 01010-004 **508.75~~
700103701647

STREET ADDRESS 06/01/07--01014--004 **508.75
 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: James Kincaid, James Kincaid 4/20/2007 321-799-4690
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE