

2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 11 PM 1:29

DOCUMENT # A96000000027

1. Entity Name

CHOKOLOSKEE ONE, LTD.



Principal Place of Business

320 CALUSA DRIVE
CHOKOLOSKEE ISLAND FL 34138

Mailing Address

P.O. BOX 388
CHOKOLOSKEE ISLAND FL 34138

2. Principal Place of Business

3. Mailing Address

1363 William Tinley Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Keyville GA

Zip

Country

Zip

Country

30816

4. FEI Number

65-0658578

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMALLWOOD, IRIS C
344 CALUSA DRIVE
CHOKOLOSKEE ISLAND FL 33925

7. Name and Address of New Registered Agent

Name TREISER, COLLINS, VERNON

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

3080 TAMIANI TRAIL, East

City

Naples

FL

Zip Code

34102

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

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

IRIS C. Smallwood, Secretary

3/6/04

DATE

9. Capital Contributions
as Shown on record.

\$123,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # P96000000682
NAME I.C.S. MANAGEMENT, INC.
STREET ADDRESS 344 CALUSA DRIVE
CITY-ST-ZIP CHOKOLOSKEE ISLAND FL 33925

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

000031371220

03/30/04--01022--008 **\$25.00

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

IRIS C. Smallwood

IRIS C. Smallwood
3/6/04 (706) 654-0466

Date

Daytime Phone #

STAPLE CHECK HERE