


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # A96000000027 1. Entity Name CHOKOLOSKEE ONE, LTD.	
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Principal Place of Business
**320 CALUSA DRIVE
CHOKOLOSKEE ISLAND, FL 34138**

Mailing Address
**1363 WILLIAM JINLEY RD
KEYSVILLE, GA 30816**

DO NOT WRITE IN THIS SPACE



03232006 No Chg-LP CR2E003 (11/05)

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

**TREISER, COLLINS & VERMON
3080 TAMiami TRAIL, EAST
NAPLES, FL 34112**

**DO NOT WRITE
IN THIS SPACE**

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

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

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04/26/06-80083-001 500.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

4/13/06 (706) 534-7004

STAPLE CHECK HERE