

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007


FILED

2007 APR -5 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03082007 Chg-LP CR2E003 (12/06)

DOCUMENT # A96000000027				
1. Entity Name CHOKOLOSKEE ONE, LTD.				
Principal Place of Business 320 CALUSA DRIVE CHOKOLOSKEE ISLAND, FL 34138		Mailing Address 1363 WILLIAM TINLEY RD KEYSVILLE, GA 30816		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
TREISER, COLLINS & VERNON 3080 TAMiami TRAIL, EAST NAPLES, FL 34112		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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		DATE		
Signature, typed or printed name of registered agent and title if applicable.				
<p align="center">FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00</p>				
<p align="center">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.</p>				
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY		
DOCUMENT #	P960000000682	STREET ADDRESS	1363 William Tinley Road	
NAME	I.C.S. MANAGEMENT, INC.	CITY - ST - ZIP	Keysville, GA 30816	
STREET ADDRESS	344 CALUSA DRIVE			
CITY - ST - ZIP	CHOKOLOSKEE ISLAND, FL 33925			
DOCUMENT #		STREET ADDRESS		
NAME		CITY - ST - ZIP		
STREET ADDRESS				
CITY - ST - ZIP				
DOCUMENT #		STREET ADDRESS		
NAME		CITY - ST - ZIP		
STREET ADDRESS				
CITY - ST - ZIP				
DOCUMENT #		STREET ADDRESS		
NAME		CITY - ST - ZIP		
STREET ADDRESS				
CITY - ST - ZIP				
DOCUMENT #		STREET ADDRESS		
NAME		CITY - ST - ZIP		
STREET ADDRESS				
CITY - ST - ZIP				
<p align="center">200096508032 04/11/07--01041--003 **500.00</p>				
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: <i>Tris C. Smallwood</i>		3/14/07 (706) 554-9004		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #		

STAPLE CHECK HERE