

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A96000000027

1. Entity Name
 CHOKOLOSKEE ONE, LTD.



FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 23 AM 11:03

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

04142008 Chg-LP CR2E003 (12/06)

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 & VERNON
 3080 TAMiami TRAIL, EAST
 NAPLES, FL 34112

7. Name and Address of New Registered Agent

Name Treiser Collins

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

3080 Tamiami Trail East

City Naples FL Zip Code 34112

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, 2008, 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 # P960000000682
 NAME I.C.S. MANAGEMENT, INC.
 STREET ADDRESS 1363 WILLIAM TINLEY RD
 CITY-ST-ZIP KEYSVILLE, GA 30816

13. ADDRESS CHANGES ONLY

STREET ADDRESS
 CITY-ST-ZIP 000125023650
 04/22/08--01017--014 **500.00

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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: Iris C. Smallwood [IRIS C. Smallwood] 4/18/08 706 554-9004
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #