

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A96000000027

Entity Name: CHOKOLOSKEE ONE, LTD.

**FILED**  
**Mar 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

320 CALUSA DRIVE  
CHOKOLOSKEE ISLAND, FL 34138

**New Principal Place of Business:**

1365 WILLIAM TINLEY ROAD  
KEYSVILLE, GA 30816

**Current Mailing Address:**

1363 WILLIAM TINLEY RD  
KEYSVILLE, GA 30816

**New Mailing Address:**

1365 WILLIAM TINLEY ROAD  
KEYSVILLE, GA 30816

FEI Number: 65-0658578

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TREISER & COLLINS P.L.  
3080 TAMiami TRAIL EAST  
NAPLES, FL 34112 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: P96000000682  
Name: I.C.S. MANAGEMENT, INC.  
Address: 1363 WILLIAM TINLEY RD  
City-St-Zip: KEYSVILLE, GA 30816

**ADDRESS CHANGES ONLY:**

Address: 1365 WILLIAM TINLEY RD  
City-St-Zip: KEYSVILLE, GA 30816

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: JUDY GRAY, ICS MANAGEMENT INC.

PDST

03/04/2012

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date