


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000000678 1. Entity Name CHA CHA COCONUTS, LTD.	
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Principal Place of Business 2025 EAST 7TH AVENUE TAMPA, FL 33605	Mailing Address 2025 EAST 7TH AVENUE TAMPA, FL 33605
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2. Principal Place of Business	3. Mailing Address
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04282004 Chg-LP CR2E003 (10/03)

Suite, Apt #, etc

Suite, Apt #, etc

4. FEI Number

59-7073184

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZMART, RICHARD
2025 EAST 7TH AVENUE
TAMPA, FL 33605

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

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

DATE

9. Capital Contributions
as Shown on record

\$5,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	P96000021297
NAME	HARMART, INC.
STREET ADDRESS	2025 EAST 7TH AVENUE
CITY ST ZIP	TAMPA, FL 33605

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY ST ZIP	

STREET ADDRESS

CITY - ST - ZIP

U000000153360
05/13/04-90002-015 526.25

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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

Richard Gonzmart

4/28/04

Date

813-248-3000

Daytime Phone #

STAPLE CHECK HERE