

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # A96000000764

1. Entity Name
CHA CHA PROPERTIES, LTD.



Principal Place of Business
**2025 EAST SEVENTH AVENUE
TAMPA, FL 33605**

Mailing Address
**2025 EAST SEVENTH AVENUE
TAMPA, FL 33605**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE



04202006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
59-3381172

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHANNON, JEFFREY C
C/O FOWLER, WHITE, GILLEN, ET AL
501 EAST KENNEDY BLVD., SUITE 1700
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box is acceptable)

City

FL

Zip Code

**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**

**000000554775
15/16/06-80007-015 500.00**

**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 # **P99000111464**
NAME **CHRG, INC.**
STREET ADDRESS **2025 EAST SEVENTH AVENUE**
CITY-ST-ZIP **TAMPA, FL 33605**

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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:

Richard Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/26/06
Date

813-288-3000
Daytime Phone #