

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG -5 AM 9:01

DOCUMENT # A97000000555

1. Entity Name
CHANCEY ENTERPRISES, LTD.



Principal Place of Business
8604 OLD ORANGE PARK ROAD
ORANGE PARK, FL 32073

Mailing Address
8604 OLD ORANGE PARK ROAD
ORANGE PARK, FL 32073

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08012005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number
59-2985446

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHANCEY, LEWIS L
8604 OLD ORANGE PARK ROAD
ORANGE PARK, FL 32073

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. \$1,000,000.00

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 # L38759
NAME AREA COMMUNICATIONS COMPANY
STREET ADDRESS 8604 OLD ORANGE PARK ROAD
CITY-ST-ZIP ORANGE PARK, FL 32073

STREET ADDRESS 800058534058
CITY-ST-ZIP 08/12/05--01050--001 **935.00

DOCUMENT #
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/02/05 (904) 6882206
Date Daytime Phone #

STAPLE CHECK HERE