## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

## DOCUMENT # A9700002050 1. Entity Name 04 APR -7 AM 10: 46 NL CHOBEE, LTD. Principal Place of Business Mailing Address % SOUTHERN MANAGEMENT & DEVELOPMENT P.O. BOX 11229 21301 POWERLINE RD., STE. 312 KNOXVILLE, TN 37939 BOCA RATON, FL 33433 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02202004 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 58-2348411 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALTERS, CLIFFORD L Street Address (P.O. Box Number is Not Acceptable) 802 11TH STREET WEST BRADENTON, FL 34205 Zip Code FL 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 10. Amount of Capital Contributions \$9,700.00 as Shown on record. 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 ADDRESS CHANGES ONLY 13. G83741 DOCUMENT # STREET ADDRESS NAME BRADEMAN INVESTMENT CORPORATION STREET ADDRESS 5410 HOMBERG DRIVE CITY-ST-ZIP CITY-ST-ZIP KNOXVILLE, TN 37919 DOCUMENT # G83740 STREET ADDRESS 500032964436 04/16/04--01046--007 \*\*156.65 NAME MANBRADE INVESTMENT CORPORATION STREET ADDRESS 5410 HOMBERG DRIVE CITY ST-ZIP CITY-ST-ZIP KNOXVILLE, TN 37919 P96000028490 DOCUMENT # STREET ADDRESS NAME COAST REALTY, INC. STREET ADDRESS 1379 LYONS ROAD CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK, FL 33063 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT 4 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS

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 exercise this report as required by Chapter 620, Florida Statutes

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Stèven Levin, President

CHECK

CITY ST-ZIP

SIGNATURE:

February 23 2004

865) 584-4175

FILED

Date

Daytima Phone #