


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A97000002050 1. Entity Name NL CHOBEE, LTD.	
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FILED
2005 APR 12 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business % SOUTHERN MANAGEMENT & DEVELOPMENT 21301 POWERLINE RD., STE. 312 BOCA RATON, FL 33433	Mailing Address P.O. BOX 11229 KNOXVILLE, TN 37939
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	4. FEI Number 58-2348411 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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03042005 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent WALTERS, CLIFFORD L 802 11TH STREET WEST BRADENTON, FL 34205	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____
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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. \$9,700.00	10. Amount of Capital Contributions in FLORIDA to date.	
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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 #	G83741	STREET ADDRESS	
NAME	BRADEMAN INVESTMENT CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	5410 HOMBERG DRIVE		
CITY-ST-ZIP	KNOXVILLE, TN 37919		
DOCUMENT #	G83740	STREET ADDRESS	
NAME	MANBRADE INVESTMENT CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	5410 HOMBERG DRIVE		
CITY-ST-ZIP	KNOXVILLE, TN 37919		
DOCUMENT #	P96000028490	STREET ADDRESS	
NAME	COAST REALTY, INC.	CITY-ST-ZIP	
STREET ADDRESS	1379 LYONS ROAD		
CITY-ST-ZIP	COCONUT CREEK, FL 33063		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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 05/10/05 01050 015 **156.85

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: _____ **3/21/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STEVEN LEVIN, PRESIDENT, COAST REALTY, INC.