

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Feb 26, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # A97000002050**

1. Entity Name  
**NL CHOBEE, LTD.**



Principal Place of Business  
**925 SOUTH FEDERAL HWY  
SUITE 425  
BOCA RATON, FL 33432**

Mailing Address  
**P.O. BOX 11229  
KNOXVILLE, TN 37939**



02062007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**58-2348411**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WALTERS, CLIFFORD L  
802 11TH STREET WEST  
BRADENTON, FL 34205**

**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, 2007, Fee will be \$900.00**

**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 # **G83741**  
NAME **BRADEMAN INVESTMENT CORPORATION**  
STREET ADDRESS **5410 HOMBERG DRIVE**  
CITY-ST-ZIP **KNOXVILLE, TN 37919**

DOCUMENT # **G83740**  
NAME **MANBRADE INVESTMENT CORPORATION**  
STREET ADDRESS **5410 HOMBERG DRIVE**  
CITY-ST-ZIP **KNOXVILLE, TN 37919**

DOCUMENT # **P96000028490**  
NAME **COAST REALTY, INC.**  
STREET ADDRESS **925 SOUTH FEDERAL HWY SUITE 425**  
CITY-ST-ZIP **BOCA RATON, FL 33432**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

U000000547914  
03/06/07-80091-014 500.00

**DO NOT WRITE  
IN THIS SPACE**

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**

**Steven Levin, President**

**(561) 948-7100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE