

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Mar 18, 2008 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



01222008 No Chg-LP CR2E003 (12/06)

4. FEI Number  
58-2348411

Applied For
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**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, 2008, Fee will be \$900.00**

U000000862699  
04/03/08-80059-013 500.00

**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 # 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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
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:** \_\_\_\_\_

Steven Levin, President

(561) 948-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #