
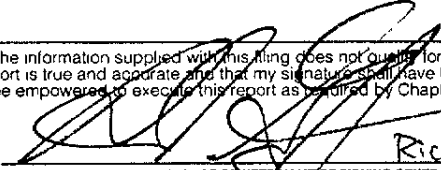


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000002287</b>			
1. Entity Name <b>CHA CHA COCONUTS OF OVIEDO, LTD.</b>			
Principal Place of Business <b>2025 EAST 7TH AVENUE TAMPA, FL 33605</b>		Mailing Address <b>2025 EAST 7TH AVENUE TAMPA, FL 33605</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country
		04282004	Chg-LP CR2E003 (10/03)
		4. FEI Number <b>59-3495115</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SHANNON, JEFFREY C C/O FOWLER, WHITE, ET AL 501 EAST KENNEDY BLVD., SUITE 1700 TAMPA, FL 33602</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record <b>\$10,000,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP	<b>P96000021297 HARMART, INC. 2025 EAST 7TH AVENUE TAMPA, FL 33605</b>	STREET ADDRESS CITY-ST-ZIP	<b>000000159970 05/13/04-80002-025 526.25</b>
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP		STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY ST ZIP		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.			
<b>SIGNATURE:</b>  <b>Richard Benzma</b>		<b>4/28/04</b>	<b>813-248-3000</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #

STAPLE CHECK HERE