


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

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

|  |   |
|--|---|
| <b>DOCUMENT # A97000002579</b>                             |  |
| 1. Entity Name<br>CHA CHA COCONUTS OF ST. PETERSBURG, LTD. |   |

|  |  |
|--|--|
| Principal Place of Business<br>2025 EAST 7TH AVENUE<br>TAMPA, FL 33605 | Mailing Address<br>2025 EAST 7TH AVENUE<br>TAMPA, FL 33605 |
|--|--|

|                                |         |                    |         |
|--------------------------------|---------|--------------------|---------|
| 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<br>59-3483063 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent   |  |
| SHANNON, JEFFREY C<br>FOWLER, WHITE, ET. AL.<br>501 EAST KENNEDY BLVD., SUITE 1700<br>TAMPA, FL 33602 |  |

|  |             |
|--|-------------|
| 7. Name and Address of New Registered Agent        |             |
| Name   |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
| City   | FL 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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable

|  |   |
|--|---|
| 9. Capital Contributions as Shown on record. \$10,000,000.00 | 10. Amount of Capital Contributions 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 |                      | 13. ADDRESS CHANGES ONLY |                           |
|---------------------------------|----------------------|--------------------------|---------------------------|
| DOCUMENT #                      | P96000021297         | STREET ADDRESS           |                           |
| NAME                            | HARMART, INC.        | CITY - ST - ZIP          |                           |
| STREET ADDRESS                  | 2025 EAST 7TH AVENUE |                          |                           |
| CITY - ST - ZIP                 | TAMPA, FL 33605      |                          |                           |
| DOCUMENT #                      |                      | STREET ADDRESS           | 000000159969              |
| NAME                            |                      | CITY - ST - ZIP          | 05/13/04-80002-024 526.25 |
| STREET ADDRESS                  |                      |                          |                           |
| CITY - ST - ZIP                 |                      |                          |                           |
| DOCUMENT #                      |                      | STREET ADDRESS           |                           |
| NAME                            |                      | CITY - ST - ZIP          |                           |
| STREET ADDRESS                  |                      |                          |                           |
| CITY - ST - ZIP                 |                      |                          |                           |
| DOCUMENT #                      |                      | STREET ADDRESS           |                           |
| NAME                            |                      | CITY - ST - ZIP          |                           |
| STREET ADDRESS                  |                      |                          |                           |
| CITY - ST - ZIP                 |                      |                          |                           |
| DOCUMENT #                      |                      | STREET ADDRESS           |                           |
| NAME                            |                      | CITY - ST - ZIP          |                           |
| STREET ADDRESS                  |                      |                          |                           |
| CITY - ST - ZIP                 |                      |                          |                           |

STAPLE CHECK HERE

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:  Richard Garmart 4/28/04 813-248-3000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #