2003 LIMITED PARTNERSHIP **UNIFORM BUSINESS REPORT (UBR)**

A97000002579 **DOCUMENT #**

1. Entity Name

TAMPA FL 33605

Principal Place of Business 2025 EAST 7TH AVENUE

2. Principal Place of Business

CHA CHA COCONUTS OF ST. PETERSBURG, LTD.



Mailing Address 2025 EAST 7TH AVENUE **TAMPA FL 33605**

3. Mailing Address

FILED

MAY -9 PM 1:30

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.												
Zip Country Zip Country 5, Conficate of Status Desired S8.75 Additional Pea Requirement Address of Current Registered Agent 7, Name and Address of New Registered Agent 8, Namo Street Address (P.O. Box Number is Not Acceptable) SHANNON, JEFFREY C FOWLER, WHITE, ET. AL 501 EAST KENNEDV BLVD., SUITE 1700 TAMPA FL 33602 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 or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the Obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the Obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the Obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the Obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the Obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the Obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the Obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the Obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the Obligations of Registered Agent. SIGNATURE Spurious Sections of Registered Agent. In Make Check Payable To Fl. DET OF STATE SEC REVERSE SIDE FOR FEE INFORMATION 13. ADDRESS CHANGES CHA	Suite, Apt. #, etc.			Sı	Suite, Apt. #, etc.			DUE BY MAY 1, 2003				
Zip Country Zip Country 5. Certificate of Status Desired S8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHANNON, JEFFREY C FOWLER, WHITE, ET. AL. 501 EAST KENNEDY BLVD., SUITE 1700 TAMPA Ft. 33602 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent of period named important time applicable. SIGNATURE Signature, Feet or privated named important time applicable. 9. Capital Contributions as Shown on record. A GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS DEFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. GENERAL PARTINER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / NAME STREET ADDRESS CITY-ST-2P DOCUMENT / ST-2P	City & State				City & State			4. FEI Number	EQ-2402062	···		Applied For
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the receiver or trustee empowered to execute this report as required by Chapter 320, Florida Statutes

SIGNATURE:

813-248-**3**000