


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 04, 2007 08:00 A
Secretary of State

DOCUMENT # A99000001328 1. Entity Name CHO PARTNERSHIP, LTD.	
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Principal Place of Business 4306 PABLO OAKS COURT JACKSONVILLE, FL 32224	Mailing Address P.O. BOX 16469 JACKSONVILLE, FL 32245-6469
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DO NOT WRITE IN THIS SPACE



03232007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3041549	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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 #	M98000001271
NAME	ASBURY JAX MANAGEMENT, L.L.C.
STREET ADDRESS	4306 PABLO OAKS COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32224
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04/11/07-80055-006 500.00

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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: Linda L. Marlette Linda L. Marlette, Treasurer 328.07 904.992.4110
Asbury Jax Management LLC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE