2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

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DOCUMENT # B04000000060 08 JAN 15 PM 2:38 1. Entity Name CHAÓWICK INVESTMENTS, L.P. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2828 TAMIAMI TRAIL N 2828 TAMIAMI TRAIL N NAPLES, FL 34103 NAPLES, FL 34103 Mailing Address Principal Place of Business - No P.O. Box CR2E003 (12/06) 01102008 4. FEI Number Applied For 51-0476981 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FREEDMAN, RONALD S 2828 TAMIAMI TRAIL NORTH NAPLES, FL 34103 8. The above named entity submits for the Ourpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation egistered age SIGNATURE FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY F04000000827 DOCUMENT # STREET ADDRESS NAME CHADWICK HOLDING CORPORATION OF NAPLES STREET ADDRESS 2828 TAMIAMI TRL, N CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34103 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 000115063260 CITY-ST-ZIP 01/14/08--01052--011 **500.00 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-77P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this fixing 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 employered to execute this report at required by Chapter 620, Florida Statutes. SIGNATURE:

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