


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 04 APR 15 PM 3:48

| | |
|--|---|
| DOCUMENT # A02000000091 |  |
| 1. Entity Name C. H. CONSULTING, LTD. | |

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|--|--|
| Principal Place of Business 6823 VISTA PARKWAY NORTH WEST PALM BEACH, FL 33411 | Mailing Address 6823 VISTA PARKWAY NORTH WEST PALM BEACH, FL 33411 |
|--|--|

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|--|--|
| 2. Principal Place of Business 6534 Rock Creek Drive Suite, Apt. #, etc. | 3. Mailing Address 6534 Rock Creek Drive Suite, Apt. #, etc. |
|--|--|

| | |
|-------------------------------------|-------------------------------------|
| City & State Lake Worth, Florida | City & State Lake Worth, Florida |
| Zip 33467 | Country USA |
| Zip 33467 | Country USA |

04122004 Chg-LP CR2E003 (10/03)

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|-----------------------------|--|
| 4. FEI Number 03-0379495 | Applied For <input type="checkbox"/> Not Applicable |
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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

6. Name and Address of Current Registered Agent

PERRY, CHERYL Y
 6823 VISTA PARKWAY NORTH
 WEST PALM BEACH, FL 33411

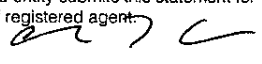
7. Name and Address of New Registered Agent

Name
Chris A. Heine

Street Address (P.O. Box Number is Not Acceptable)
6534 Rock Creek Drive

City
Lake Worth FL Zip Code
33467

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  Chris A. Heine DATE 4/12/04

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

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|---|---|
| 9. Capital Contributions as Shown on record. \$3,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. |
|---|---|

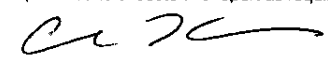
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

| 12. GENERAL PARTNER INFORMATION | |
|---------------------------------|---------------------------|
| DOCUMENT # | P00000103016 |
| NAME | C. H. CONSULTING, INC. |
| STREET ADDRESS | 6823 VISTA PARKWAY NORTH |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33411 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|-------------------------------|
| STREET ADDRESS | 6534 Rock Creek Drive |
| CITY-ST-ZIP | West Palm Beach, FL 33467 |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | 500035807715 |
| CITY-ST-ZIP | 05/10/04--01051--007 **141.25 |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| 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:  Chris A. Heine DATE 4/12/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #