


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0011913 AT

**DOCUMENT #** A02000000091

1. Entity Name  
**C. H. CONSULTING, LTD.**



FILED

03 APR 30 AM 5:32

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

Principal Place of Business  
**6823 VISTA PARKWAY NORTH  
WEST PALM BEACH FL 33411**

Mailing Address  
**6823 VISTA PARKWAY NORTH  
WEST PALM BEACH FL 33411**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4/30

DUE BY MAY 1, 2003

4. FEI Number  
**03-0379495**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HEINE, CHRIS  
6823 VISTA PARKWAY NORTH  
WEST PALM BEACH FL 33411**

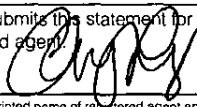
**7. Name and Address of New Registered Agent**

Name  
**Cheryl Y. Perry**

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  **Cheryl Y. Perry** DATE **4/17/03**

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

9. Capital Contributions as Shown on record. **\$3,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

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 #	<b>P00000103016</b>
NAME	<b>C. H. CONSULTING, INC.</b>
STREET ADDRESS	<b>6823 VISTA PARKWAY NORTH</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33411</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>000017625660</b>
CITY-ST-ZIP	<b>04/30/03--01126--023 **141.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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:**  **SIGNATURE REQUIRED Chris A. Heine** DATE **4/17/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone # **(561) 684-7500** **K112**

STAPLE CHECK HERE

CR2E003 (10/02)