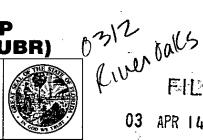
DOCUMENT #	A95000001306

1. Entity Name



FILE

CCH VIR	rginia I, Lt	D. 				03 APR 14 AM 8:11		
Principal Place of Business C/O CCH VIRGINIA I. INC. C/O CCH VIRGINIA I. INC. C/O CCH VIRGINIA I. INC. 4243 NORTHLAKE BLVD SUITE D 4243 NORTHLAKE BLV PALM BEACH GARDENS FL 33410 PALM BEACH GARDEN			nia I. Inc. E BLVD Suite d		SECRLIANT OF STATE TALEATINSSEE REORIDA			
Principal Place of Business Address Address			ess					
Suite, Apt. #, etc. Suite, Apt. #, e			utc.		DUE BY MAY 1, 2003			
City & Stat	te		City & State	73	1/	4. FEI Number 65-0603888 Applied For Not Applicab	ole	
Zip		Country	Zip	Cour	n y y	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name	and Address of Current	Registered Agent			7. Name and Address of New Registered Agent		
BAROT, D)ILIP				Name			
	VIRGINIA I,				Street Address (P.O. Box Number is Not Acceptable)			
4243 NOF	RIHLAKE BI	LVD., SUITE D						
PALM BEA	ACH GARDE	ENS FL 33410			City	FL Zip Code		
	named entity		r the purpose of ch	anging its register	ed office or regist	stered agent, or both, in the State of Florida. I am familiar with, and accep	t	
SIGNATURE	Signature typed	or printed name of registered agent	and title if applicable			DATE		
Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions \$2,500.00 to in FLORIDA to date.				butions	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	=		
_						ISTERED AND ACTIVE WITH THIS OFFICE.		
₽ _{12.}	NOTE	: General Partners M/ GENERAL PARTNE		ed on the form		nent must be filed to change a general partner. ADDRESS CHANGES ONLY		
} DOCUMENT #	P9500006	7560				· ****		
NAME	CCH VIRG	INIA I, INC.		STR	EET ADORESS			
STREET ADDRESS CITY-ST-ZIP	DDRESS 4243 NORTHLAKE BLVD., SUITE D		CITY	'-ST-ZIP				
DOCUMENT # NAME				STR	EET ADDRESS	600016228146		
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP	04/18/0301003011 **150.00		
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DOCUMENT #				STR	EET ADORESS			
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP		_	
DOCUMENT #				erni	EET ADDRESS		_	

14. I hereby certify that the information supplied with this filing does not coalify 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

CITY-ST-ZIP

Yash Pal Kakkar, Secretary

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CCH Virginia]] [Inc.] G.P.

1/31/03

Date

(561) 627-7988

Daytime Phone #