

# 2000 UNIFORM BUSINESS REPORT (UBR)

526.25

**DOCUMENT # A97000002404**  
 1. Entity Name  
**C.H.I. PROPERTIES LTD.**

**FILED**  
**00 JAN 18 AM 11:22**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business      Mailing Address  
 2665 NE 37TH DRIVE      2665 NE 37TH DRIVE  
 FORT LAUDERDALE FL 33308      FORT LAUDERDALE FL 33308-6324



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

DO NOT WRITE IN THIS SPACE  
 4. FEI Number **65-0793489**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

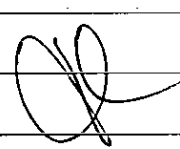
**6. Name and Address of Current Registered Agent**  
**CHI PROPERTIES INC**  
**2665 NE 37TH DRIVE**  
**FT LAUDERDALE FL 33308**

**7. Name and Address of New Registered Agent**  
 Name  
 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.  
 SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

9. Capital Contributions as Shown on record.      **\$1,800,000.00**      10. Amount of Capital Contributions in FLORIDA to date.  
 11. **MAKE CHECK PAYABLE TO 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>P97000092273</b> <b>C.H.I. PROPERTIES, INC.</b> <b>2665 NE 37TH DRIVE</b> <b>FT LAUDERDALE FL 33308</b>	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	<b>300003107183--7</b> <b>01/24/00 01004 012</b> <b>***526.25 ***526.25</b>
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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; the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**      **SIGNATURE REQUIRED**       Date **1-15-00**      Daytime Phone # **954 364-266**