

2002 UNIFORM BUSINESS REPORT (UBR)

0006907 AT

DOCUMENT # A96000001667

1. Entity Name
CHAZ EQUITIES, LTD.

Principal Place of Business
**101 SEABREEZE BLVD., SUITE 105
DAYTONA BEACH FL 32118**

Mailing Address
**PO BOX 4235
ORMOND BEACH FL 32175**

FILED
02 APR 29 AM 8:43
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2002	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3378294	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
HOOD, CHARLES D JR. 444 SEABREEZE BLVD., SUITE 900 DAYTONA BEACH FL 32118			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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$300,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	L01000005358 VANGUARD INVESTMENT PROPERTIES, LLC 444 SEABREEZE BLVD., SUITE 900 DAYTONA BEACH FL 32118	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	3000005481748--3
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	-05/07/02--01076--005
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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]* **Vandagriff** 4/22/02 386/672-9080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)