

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0000087 AT

DOCUMENT # A96000001667



FILED
03 APR 28 AM 8:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3378294**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DUE BY MAY 1, 2003

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. I am familiar with, and accept the obligations of registered agent.

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

DATE

9. Capital Contributions as Shown on record. **\$300,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **L01000005358**
NAME **VANGUARD INVESTMENT PROPERTIES, LLC**
STREET ADDRESS **444 SEABREEZE BLVD., SUITE 900**
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

600017197436
04/28/03--01083--015 **\$26.25

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

APR 22 2003

Date

Daytime Phone #

CR2E003 (10/02)

STATE CHECK HERE