2001	<b>UNIFORM</b>	<b>BUSINESS</b>	REPORT	(URR)
	<b>—————————————————————————————————————</b>	500111F00	HER OIL	(ODIN)

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DOCUM 1. Entity Name	MENT# A9900	0000213				FILED	
CCH GEORGIA II, LIMITED PARTNERSHIP				•			
		h	·	. 1.)	01	APR 24 AM 7: 48	
Principal Place of Business Mailing Address			ADD C	HTE D	SEC	RETARY OF STATE	
4243 NORTHLAKE BOULEVARD. SUITE D 4243 NORTHLAKE BOULEV. PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL				TALLAHASSEE, FLORIDA			
2. Principal Place of Business 3.		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number Applied For			
Zip	Country	Zip Country		ntry	Not Applicate of Status Decired \$8.75 Additional		
	6. Name and Address of Current I	Pegistered Agent					Fee Required
	o. Name and Address of Current	registered Agent		Name	7. Name and	Address of New Registered /	- Gent
BAROT, DILI				Street Address (P.O. Box Number is Not Acceptable)			
	VE CHOICE GEORGIA II, INC. ILAKE BOULEVARD, SUITE D						
PALM BEAC	H GARDENS FL 33410			City Zip Code			Zip Code
8. The above na	amed entity submits this statement for	the purpose of changing its r	egister	Led office or register	red agent, or both		
SIGNATURE							
9. Capital Contr	gnature, typed or printed name of registered agent at	nd title if applicable. (NOTE:  10. Amount of Capita		d Agent signature required	d when reinstating)	DATE 11. MAKE CHECK PAYABLE	TO DEDT OF STATE
as Shown on	record. <b>\$7.500.00</b>	in FLORIDA to da	te.		<u></u>	SEE REVERSE SIDE FO	R FEE INFORMATION
	A GENERAL PARTNER TO NOTE: General Partners MA	HAT IS A BUSINESS ENT I NOT be changed on the	e form	UST BE REGIS ; an amendmen	TERED AND A It must be filed	CTIVE WITH THIS OFFICE I to change a general par	tner.
12. DOCUMENT # P	GENERAL PARTNER	INFORMATION	13.			ADDRESS CHANGES ONL	Y
NAME C	CREATIVE CHOICE GEORGIA II, INC.  10RESS 4243 NORTHLAKE BOULEVARD, SUITE D		STRE	ET ADDRÉSS	3000416337377		
			CITY	-ST-ZIP	-05/03/0101010004 ****150.00 ****150.00		
DOCUMENT # NAME			STRE	ET ADDRESS			!
STREET ADDRESS			CITY	-ST-ZIP			
DOCUMENT #			STEE	ET ADDRESS			
NAME STREET ADDRESS						· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP			CIIY	-ST-ZIP	·		
DOCUMENT # NAME	·		STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP			
DOCUMENT #			STRE	ET ADDRESS			, , , , , , , , , , , , , , , , , , , ,
STREET ADDRESS CITY-SE ZIP			CITY-	-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
DOCUMENT #			STÖE	ET ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP				ST-ZIP			
14. I hereby cert indicated on the receiver	ify that the information supplied with this report is true and accurate and or trustee empowered to elecute his	his filing does not qualify for that my signature shall have the report as required by Chapte	he exer le same r 620, F	mption stated in Se legal effect as if m lorida Statutes	ction 119.07(3)(i) nade under oath; i	Florida Statutes. I further cert hat I am a General Partner of	ify that the information the limited partnership or

3-12-01 Date