2002 UNIFORM BUSINESS REPORT (UBR)

STAPLE CHECK HERE

DOCUMENT # A9900000213 1. Entity Name						FILED		
CCH GEORGIA II, LIMITED PARTNERSHIP						02 MAR 27 PM 5: 30		
				avail	SECRETARY OF STATE TALLAHASSEE, FLORIDA			
i '	ce of Busines	s /ard. Suite d	Mailing Address 4243 NORTHLAKE BO	MILEVARD 9	SUITE D	, ,	CLAMASSEE, FLORIL	DA .
PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL								
Principal Place of Business Address Mailing Address					T TORKEN COLD TOWN DRIVE ORING BOOK BONK BONK BOUND HIRE THE TORK TOWN			
Suite, Apt. #, etc. Suite, Apt. #, etc.						DUE BY MAY 1, 2002		
City & State City & State				8		4. FEI Number	65-0892877	Applied For Not Applicable
Zip	Country		Zip	Country		5. Certificate of	of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name			
BAROT, DILIP					Street Address (P.O. Box Number is Not Acceptable)			
C/O CREATIVE CHOICE GEORGIA II, INC. 4243 NORTHLAKE BOULEVARD, SUITE D								
PALM BEACH GARDENS FL 33410					City	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								
9. Capital Contributions \$7 500 00 10. Amount of Capital					outions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE		
as Shown on record. 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.								E .
12.	NOTE:	GENERAL PARTNER		ı; an amename	ADDRESS CHANGES ONLY			
DOCUMENT # NAME	P99000010320 CREATIVE CHOICE GEORGIA II, INC.				ET ADORESS			
STREET ADDRESS CITY-ST-ZIP	4243 NOF	RTHLAKE BOULEVARD, S ACH GARDENS FL 3341	Suite d	CITY-ST-ZIP				W 67.0°
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NAME STREET ADDRESS CITY-ST-ZIP				CiTY-	ST-ZIP			
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STREET ADDRESS				City-	ST- ZIP		, <u>.</u>	
DOCUMENT #				SIRFF	ET ADDRESS			
NAME STREET ADDRESS					ST-ZIP	76.07A		
14. I hereby o	ertify that the	information supplied with the	his filing does not qualify		ection 119.07(3)(i),	Florida Statutes. I further cer	tify that the information	
14. I hereby certify that the information supplied with this filing does not qualify by 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 Yash Pal Kakkar, Secretary 1/21/02 (561) 627-7988								
SIGNATURE: 1/21/02 (561) 627-7988								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Dayling Phone #								