

Due By May 1, 2007

DOCUMENT # A99000001001

1. Entity Name
CHC FAMILY LIMITED PARTNERSHIP



FILED
Apr 16, 2007 08:00 AM
Secretary of State

Principal Place of Business
715 HUDSON BAY DRIVE
PALM BEACH GARDENS, FL 33410

Mailing Address
P.O. BOX 1922
JUPITER, FL 33468



01062007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0928583 Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHAPLIK, CAROLYN H
715 HUDSON BAY DR
PALM BEACH GARDENS, FL 33410

DO NOT WRITE
IN THIS SPACE

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	CHAPLIK, CAROLYN H	715 HUDSON BAY DRIVE	PALM BEACH GARDENS, FL 33410
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	CHAPLIK, JOHN N	715 HUDSON BAY DRIVE	PALM BEACH GARDENS, FL 33410
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

00000710809
04/25/07-80053-002 500.00

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IN THIS SPACE

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Carolyn H. Chaplik General Partner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-13-07 561-799-1751

Date

Daytime Phone #