

Due By May 1, 2007

DOCUMENT # A99000001001

1. Entity Name  
CHC FAMILY LIMITED PARTNERSHIP



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

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

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



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

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NAME  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000710803  
04/25/07-80053-002 500.00

**DO NOT WRITE  
IN THIS SPACE**

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

4-13-07 361-799-1751

Date

Daytime Phone #

STAPLE CHECK HERE