DOCUMENT # A9900001837  1. Entity Name				FILEU	
SUSAN CHAMBERS FAMILY LIMITED PARTNERSHIP				01 MAY - 1 PM 5: 32	
Principal Place 1140 S. OCEA MANALAPAN F		Mailing Address 1140 S. OCEAN BLVD. MANALAPAN FL 33462			SECRETARY OF STATE TALLAHASSEE.FLORIDA
A Dissipal F	Place of Business	3. Mailing Address		,	
Suite, Apt.	E. Via Venetia		a venet	hà	DO NOT WRITE IN THIS SPACE
City & Stat	y Bch, FC	DELCAY BCS	FL		4. FEI Number 65-0960785 Applied For Not Applicable
334	Country A  6. Name and Address of Current R	Zip 33484 legistered Agent	LSA_		5. Certificate of Status Desired \$8.75 Additional Fee Required  7. Name and Address of New Registered Agent
SCHWART 1801 S. FI	-	Name ERIC M. SAUERBEYG Street Address (P.O. Box Number is Not Acceptable)			
DELRAY BEACH FL 33483			TIZ U.S. NEGRAN ONE, SUSTE 400 City N919TH PARM BEARY FL 395958		
8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.					
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOT Registered Agent signature required when reliable to the contributions 10. Amount of Capit II Contributions					then reinstating)  11. MAKE CHECK PAYABLE TO DEPT. OF STATE
as Shown on record.  In FLORIDA to dilte.  SEE REVERSE SIDE FOR FEE INFORMATION  A GENERAL PARTNER THAT IS A BUSINESS EN LITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
NOTE: General Partners MAY NOT be changed on til e form; an amendment must be					nt must be filed to change a general partner.  ADDRESS CHANGES ONLY
12.	L9900007014	INFORMATION	13.	44 11	
NAME	THE CHAMBERS, LLC		STREET ADDRESS	104	140 E. Via Venetia
STREET ADDRESS CITY-ST-ZIP	1140 S. OCEAN BLVD. MANALAPAN FL 33462	· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP	Del	lay Bch, FZ 33484
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STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify fo 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 he 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 Chap er 620, Florida Statutes					