

2002 UNIFORM BUSINESS REPORT (UBR)

0012898 AT

DOCUMENT # A99000001837

1. Entity Name

SUSAN CHAMBERS FAMILY LIMITED PARTNERSHIP

FILED

02 MAY -2 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

16440 E. VIA VENETIA
DELRAY BEACH FL 33484

Mailing Address

16440 E. VIA VENETIA
DELRAY BEACH FL 33484



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

65-0960785

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAUERBERG, ERIC M
712 U.S. HIGHWAY ONE, SUITE 400
NORTH PALM BEACH FL 33408

Name

Howard Schwartz

Street Address (P.O. Box Number is Not Acceptable)

621 NW 53rd Street

Suite 390

City

Boca Raton

FL

Zip Code

33487

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

Signature, typed or printed name of registered agent and fee if applicable

DATE

4/24/02

9. Capital Contributions
as Shown on record.

1,308,308

10. Amount of Capital Contributions
in FLORIDA to date.

1,303,308

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

13. ADDRESS CHANGES ONLY

DOCUMENT # L99000007014
NAME THE CHAMBERS, LLC
STREET ADDRESS 16440 E. VIA VENETIA
CITY-ST-ZIP DELRAY BEACH FL 33484

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for 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

SIGNATURE:

Susan Chambers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/11/02
Date

861-4657
Daytime Phone #

CR2E003 (9/01)