

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012854 AT

DOCUMENT # **A99000001837**

1. Entity Name
SUSAN CHAMBERS FAMILY LIMITED PARTNERSHIP



FILED

03 JAN 30 AM 8:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

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

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number **65-0960785**

Applied For
Not Applicable

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

**SCHWARTZ, HOWARD
621 NW 53RD STREET, SUITE 390
BOCA RATON FL 33487**

Name

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

City

600011395356

01/30/03 01041-006 **526-25
FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

DATE
1/7/03

9. Capital Contributions as Shown on record. **\$1,303,308.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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

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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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)