LIMITED PARTIES FOR TOO 00420 CUMENT # 89700000420

DOCUMENT # B9700000420 02 MAY -1 PM 5: 30 1. Entity Name SECRETARY OF STATE TALLAHASSEE, FLORIDA CHATTA-HURT, L.P. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE KINGSTON CT-- JAME -Suite, Apt. #, etc. **DUE BY MAY 1** City & State 4. FEI Number Applied For <u>58-2316589</u> Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Name CORPORATION DO NOT WRITE -Street Address (P.O.:Box Number is Not Acceptable) 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. DATE Signature, typed or printed name of registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION 12. 600005538396-- -05/16/02--01002--006 F97000004202 (12/01)DOCUMENT # STREET ADDRESS CHATTA INC. 2160 Kingston Ct - Ste. N MARIETTA, GA. 30067 NAME ****141.25 ****141.25 STREET ADDRESS CR2E003B CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP CITY-ST-ZIP DOCUMENT # IN THIS SPACE STREET ADDRESS NAME STREET ADDRESS Ŀ CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 🖑 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 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

By: Chatta-Hurt, L.P.
By: Chatta, Inc., Leneral Partner
SIGNATURE:

CITY-ST-ZIP

4/29/02

710-952-9145