## 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUME 1. Entity Name	ENT# LOO	000001375	44 -		FILED	· •	•
•	CH HOMEBUYERS, LL	LC		0	I APR 30 AM	11:14	
				S	FORETARY OF		
Principal Place of Business Mailing Address			- <del></del>	SECRETARY OF STATE TALLAHASSEE. FLORIDA			
		1382 E. WOODCREST	R∷AD	A COLL PORTO		LUMUNA	
WEST PALM BEACH FL 33417 WEST PALM BEACH FL			· -				
				1 10011011 911 0611	I <b>40</b> 711 <b>32</b> 141 <b>88</b> 111 <b>43</b> 111 6 <b>6</b> 111	. <b> </b>	     <b> 265</b>     <b>  </b> 486   <b>463</b>
2. Principal Place	e of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		4, FEI Number — 1/1 > Applied For		
				65-1060	3625	No	ot Applicable
Zip	Country	Zip	Country	5. Certificate of Status	s Desired	\$5.00 Add	
6.	6. Name and Address of Curr	ent Registered Agent		7. Name and Addres	s of New Registered		
DI IDATA'' =	AD507 A	•	Name		· <del></del>		
BUROZSKI, ROBERT P 1382 E. WOODCREST ROAD WEST PALM BEACH FL 33417			Street Address (P.O. Box Number is Not Acceptable)				
			7000042205073				
ILOI LYDN (	DENOTITE 30417		City	<del></del>	<u>-05/16/010</u> *****50. <b>05</b>		
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	ned entity submits this statemen	nt for the purpose of changing it	s registered office or regist	ered agent, or both, in the	State of Florida.		
SIGNATURE	ned entity submits this statement	gent and title if applicable. (NO	Registered Agent signature requir	ed when reinstating)	State of Florida.		
SIGNATURE		gent and title if applicable. (NO	Ti Registered Agent signature requir	ed when reinstating)			
SIGNATURE	alure, typed or printed name of registered a	gent and title if applicable. (NO	Registered Agent signature requir	ed when reinstating) of State			*,
SIGNATURE Signat	alure, typed or printed name of registered a	gent and title if applicable. (NO FILE N Make Check P	Registered Agent signature required in the second signature requir	of State	DATE  DDITIONS/CHANGES	Change	Addition
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