2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

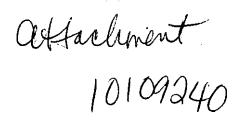
FILED Jun 30, 2003 8:00 am Secretary of State

(800)729-8922

06-30-2003 90001 002 ****50.00 DOCUMENT # L02000032019 1. Entity Name CHA FLORIDA, LLC Principal Place of Business Mailing Address 2151 WEST HILLSBOROUGH BLVD., SUITE 102 2151 WEST HILLSBOROUGH BLVD., SUITE 102 10109240 DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 14-1858518 Not Applicable Zin Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent _____ BECKER, GLENN A 2151 WEST HILLSBOROUGH BLVD., SUITE 102 Street Address (P.O. Box Number is Not Acceptable) DEERFIELD BEACH, FL 33442 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 ... Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. CEO CR2E083 (10/02) TITLE TITLE Change ☐ Addition Gienn A. Becker 2151 W. Hillsboro Blvd # 102 NAME NAME STREET ADDRESS STREET ADDRESS Deerfield Beach, FL 33442 CITY -ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME \cdot STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP □ Delete 1ITLE [] Change Addition NAME STREET ADDRESS STREET ADDRESS City-S1-2IP CITY-ST-ZIP 1016 TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-21P 11. I hereby certify that the information supplied with this filling 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 managing member or manager of the limited liability company or the receiver or trustee empowered to exemple this report as required by Chapter 608, Florida Statutes.

RE AND TYPED OR PRINTED NAME OF SKINING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE





June 26, 2003

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

RE: CHA MIAMI - DOCUMENT #L02000032004

CHA FLORIDA - DOCUMENT #L02000032019

To Whom It May Concern:

Please accept our apology for untimely filing of the Uniform Business Reports on the aforementioned Limited Liability Companies.

These were two newly formed companies this year so we were not notified from you and it completely slipped our minds. It was not until our attorney recently brought it to our attention that we realized it was due.

Sincerely,

Glenn A. Becker

CEO