DOCUMENT # A960000 221 1. Entity Name CHATEAU PARTNERS (1996), LTD.								SECRETARY OF STATE DIVISION OF CORPORATIONS			
Principal Place of Business 2019 CENTRE POINTE BLVD STE. 101 TALLAHASSEE FL 32308				Mailing Address 2019 CENTRE POINTE BLVD STE. 101 TALLAHASSEE FL 32308				02 FEB 12 P			
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DUE BY MAY 1, 2002			
City & State				City & State			4. FEI Numbe			Applied For	
Zip	Cip Country			Zip Coun		try	5. Certificate of	of Status Desired		Not Applicable 8.75 Additional	
6. Name and Address of Current Registered Agent						Fee Required 7. Name and Address of New Registered Agent					
NOTICE II IIIV						Name					
MOTTICE, H. HAY 2019 CENTRE POINTE BLVD., STE. 101 TALLAHASSEE FL 32308						Street Add	ress (P.O. Box Number	P.O. Box Number is Not Acceptable)			
						City El Zip Code				Zip Code	
2. The above period entity a physical his state and fall in the st							F -				
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 title if applicable.											
9. Capital Contributions \$240,000.00 10. Amount of Capital Co						outions	ns 11. MAKE CHECK PAYABLE TO DEPT. OF STATE				
as Shown on record. \$\Pi\cup\$240,000.00 in FLORIDA to date						SEE REVERSE SIDE FOR FEE INFORMATION					
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE F NOTE: General Partners MAY NOT be changed on the form; an ame							GISTERED AND A ment must be filed	CTIVE WITH THIS OF I to change a general	FICE. partr	ner.	
12. GENERAL PARTNER INFORMATION					13. ADDRESS CHANGES ONLY						
DOCUMENT# NAME		498/ (1996), INC.				ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	4444 AFT FRE 500 FRE 511 FR			i. 101		ST-ZIP		•			
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NAME > STREET ADDRESS					STREE	T ADDRESS					
CITY-ST-ZIP					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: _

GNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER (1996), INC. 1/24/02 850-386-2117