

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVED
AND
FILED

04 APR -9 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B96000000337

1. Entity Name
CHATEAU OAKS INVESTORS, LIMITED PARTNERSHIP



Principal Place of Business
9198 GREENBACK LANE
SUITE 115
ORANGEVALE, CA 95662

Mailing Address
9198 GREENBACK LANE
SUITE 115
ORANGEVALE, CA 95662

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03012004

Chg-LP

CR2E003 (10/03)

4. FEI Number

93-1194091

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

WEBB, RICHARD S IV, ESQ
2 NORTH TAMiami TRAIL, SUITE 500
SARASOTA, FL 34236

Name Webb, Richard S IV, ESQ
Street Address (P.O. Box Number is Not Acceptable)

2033 Main Street Suite 600
City Sarasota FL Zip Code 34237

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, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$48,674.00

10. Amount of Capital Contributions
in FLORIDA to date.

4/5/04

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 # M96000000319
NAME CHATEAU OAKS MANAGEMENT, LLC.
STREET ADDRESS 9198 GREENBACK LANE, SUITE 115
CITY-ST-ZIP ORANGEVALE, CA 95662

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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

SIGNATURE: Loei Brenning, Manager

4/5/04

916/989-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE