


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 26 PM 12:32

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



02022005 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent WEBB, RICHARD S IV, ESQ 2033 MAIN ST, STE 600 SARASOTA, FL 34237		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$48,674.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 # NAME STREET ADDRESS CITY-ST-ZIP	M96000000319 CHATEAU OAKS MANAGEMENT, LLC. 9198 GREENBACK LANE, SUITE 115 ORANGEVALE, CA 95662	STREET ADDRESS CITY-ST-ZIP	
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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: Lori Brenning Lori Brenning 4.18.05 916-989-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER (Date) (Daytime Phone #)

STAPLE CHECK HERE