

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 27, 2006 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



02012006 No Chg-LP

CR2E003 (11/05)

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

**WEBB, RICHARD S IV, ESQ
2033 MAIN ST, STE 600
SARASOTA, FL 34237**

**DO NOT WRITE
IN THIS SPACE**

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.

000000448304
03/09/06-80008-018 500.00
DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/17/06
Date

916-989-2800
Daytime Phone #

STAPLE CHECK HERE