

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90069 037 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J24251
 1. Entity Name
 CHATEAU GENERAL PARTNER, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 518 BUNKERS COVE ROAD
 Suite, Apt. #, etc.

3. Mailing Address
 518 BUNKERS COVE ROAD
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 PANAMA CITY, FL

City & State
 PANAMA CITY, FL

4. FEI Number
 59-2794289

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
 BURKE, LES- W.

Street Address (P.O. Box Number is Not Acceptable)
 221 MCKENZIE AVE.

City
 PANAMA CITY FL Zip Code
 32401

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back)

January 1 - May 31 Fee is \$150.00
 After May 1 Fee is \$550.00
 Amended UBR is \$81.25
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE	AS	TITLE	
NAME	BURKE, LES W.	NAME	
STREET ADDRESS	221 MCKENZIE AVE.	STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY, FL	CITY - ST - ZIP	
TITLE	SD	TITLE	
NAME	ARMSTRONG, LARRY	NAME	
STREET ADDRESS	518 BUNKERS COVE ROAD	STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY, FL 32401	CITY - ST - ZIP	
TITLE	PD	TITLE	
NAME	ARMSTRONG, AMY	NAME	
STREET ADDRESS	518 BUNKERS COVE ROAD	STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY, FL 32401	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY ARMSTRONG ✓ 4/30/02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)