

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015038

1. Entity Name

THE CHATEAU LLC

Principal Place of Business
3225 Aviation Avenue
Suite 700

Mailing Address

3225 Aviation Avenue
Suite 700

Coconut Grove, FL 33133

Coconut Grove, FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For☐ Not Applicable5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and address of New Registered Agent

Randy Rieger

3225 Aviation Avenue, Suite 700

Coconut Grove, Florida 33133

Name

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

City

FL

Zip

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/ MEMBERS

10. ADDITIONS/ CHANGES

TITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP

MGR

☐ Change ☐ AdditionFlorida Student Housing Trust, LLC
3225 Aviation Avenue, Suite 700
Coconut Grove, Florida 33133TITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition700004274807--2
-05/21/01--01185--002
*****50.00 *****50.00TITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET
ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE



MEMBER

4/30/01

(305) 860-8188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #