

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000015068

1. Entity Name
THE CHATEAU LLC



Principal Place of Business
800 OCALA RD SUITE 300-180
TALLAHASSEE, FL 32304

Mailing Address
800 OCALA RD SUITE 300-180
TALLAHASSEE, FL 32304

FILED
04 SEP -8 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09082004 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1059875

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIEGER, RANDY
3225 AVIATION AVE., SUITE 700
COCONUT GROVE, FL 33133

Name JONATHAN D. LEONI

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

800 OCALA RD SUITE 300-180

City TALLAHASSEE

FL

Zip Code 32304

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/8/04

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME FLORIDA STUDENT HOUSING TRUST, LLC
STREET ADDRESS 800 OCALA RD SUITE 300-180
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE 10004097035
NAME 09/10/04--01067--009
STREET ADDRESS **50.00
CITY-ST-ZIP

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CITY-ST-ZIP

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 the fee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

9/8/04