

**2005 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

DO NOT WRITE IN THIS SPACE

50.00
FILED
05 JAN -6 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01062005No 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

LEONI, JONATHAN D
800 OCALA RD SUITE 300-180
TALLAHASSEE, FL 32304

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

200044521712
01/11/05--01035--018 **150.00

9. MANAGING MEMBERS/MANAGERS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

1/6/05

80-399-4201