## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # L00000015068** 

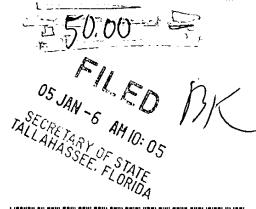
1. Entity Name
THE CHATEAU LLC

Principal Place of Business

800 OCALA RD SUITE 300-180 TALLAHASSEE, FL 32304

Mailing Address

800 OCALA RD SUITE 300-180 TALLAHASSEE, FL 32304





01062005 No 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 Add	iress of Current	Registered Agent

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

SIGNATURE:

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the obligat	named entity submits this statement for the purpose of chan- ions of registered agent.	ging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstaing) DATE
	iling Fee is \$50.00 ue by May 1, 2005	200044521712 01/11/0501035018 **150.00
9. /	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FLORIDA STUDENT HOUSING TRUST, LLC 800 OCALA RD SUITE 300-180 TALLAHASSEE, FL 32304	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS		

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 truster ampowered to execute this report as required by Chapter 608, Florida Statutes.