


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # L0100000551 1. Entity Name LE CHATEAU FINE ARTS & ANTIQUES, L.L.C.	
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Principal Place of Business 4521 PGA BLVD., STE. 287 PALM BEACH GARDENS FL 33418	Mailing Address 4521 PGA BLVD., STE. 287 PALM BEACH GARDENS FL 33418
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	65-1070264	<input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent MATHISON, STEPHEN S P.A. 5606 PGA BLVD., STE. 211 PALM BEACH GARDENS FL 33418	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSS, DENA 4521 PGA BLVD #287 PALM BEACH GARDENS FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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04/11/07-80020-003 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Dena Ross* DENA ROSS *4-1-07* *203 358-9444*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #