


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 01, 2004 8:00 am
Secretary of State

03-02-2004 90143 045 *****55.00

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DOCUMENT # L01000007415 1. Entity Name CHASTELET ENTERPRISES LLC					
Principal Place of Business 2040 BRIGHTWATERS BLVD. NE ST PETERSBURG FL 33704			Mailing Address P.O. BOX 55300 ST PETERSBURG FL 33732		
2. Principal Place of Business 713 CULLENHUR HILL DR.		3. Mailing Address P.O. Box 910			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ST. CHARLES, MO		City & State SAINT PETERS, MO		4. FEI Number 59-3719568	
Zip 63304		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fees Required	
6. Name and Address of Current Registered Agent CHASTELET, GERRY 2040 BRIGHTWATERS BLVD NE SAINT PETERSBURG FL 33704		7. Name and Address of New Registered Agent Name GERRY CHASTELET WENDY L. CHASTELET Street Address (P.O. Box Number is Not Acceptable) 713 CULLENHUR HILL DR. 1310 GULF BLVD UNIT 9E CLEARWATER, FLORIDA, 33767 City ST. CHARLES MO. 63304			
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 <u><i>Wendy L. Chastelet</i></u> DATE MARCH 26, 2004 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHASTELET, GERRY PO BOX 55300 ST PETERSBURG FL 33732	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHASTELET, GERRY P.O. Box 910 SAINT PETERS, MO 63376
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: <u><i>Wendy L. Chastelet</i></u>			DATE: FEB 23, 2004		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone # 636-922-3093		