

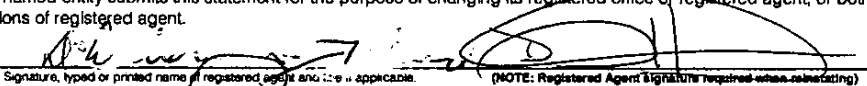
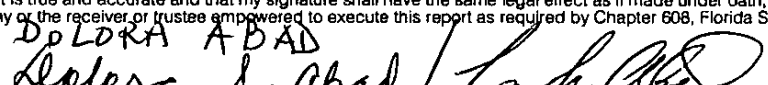


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 21 AM 10:20

DOCUMENT # L03000012844 1. Entity Name CHATEAU, LLC					
Principal Place of Business 20 SEASHORE DRIVE GULF BREEZE, FL 32561				Mailing Address 20 SEASHORE DRIVE GULF BREEZE, FL 32561	
2. Principal Place of Business 7200 LILLIAN HWY Suite, Apt. #, etc. # 401		3. Mailing Address 20 SEASHORE DR. Suite, Apt. #, etc.			
City & State PENSACOLA, FLORIDA Zip 32506		City & State PENSACOLA Bch, FLA Zip 32561		4. FEI Number 37-1467316	
Country ESCAMBIA		Country ESCAMBIA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HIGHTOWER, DAVID E 501 COMMENDENCIA STREET PENSACOLA, FL 32501				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  DATE OCT 11, 2005 <small>Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent Signature required when substituting)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABAD, FRANCISCO R 20 SEASHORE DRIVE PENSACOLA BEACH, FL 32561	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200060694782 10/18/05--01008--006 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABAD, DOLORA S 20 SEASHORE DRIVE PENSACOLA BEACH, FL 32561	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABAD, FE DELILAH S 1118 PREAKNESS DRIVE ALPHARETTA, GA 30022	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2005 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE OCT 11, 2005 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					