


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90167 019 \*\*\*\*50.00

<b>DOCUMENT # L04000080091</b> 1. Entity Name <b>CHATEAU DE VILLE OF TALLAHASSEE, LLC</b>			
Principal Place of Business <b>C/O COASTAL PROPERTY SERVICES, INC.</b> <b>536 NORTH MONROE STREET</b> <b>TALLAHASSEE, FL 32301</b>		Mailing Address <b>C/O COASTAL PROPERTY SERVICES, INC.</b> <b>536 NORTH MONROE STREET</b> <b>TALLAHASSEE, FL 32301</b>	
2. Principal Place of Business - No P.O. Box # <b>117 E. Georgia St</b> Suite, Apt. #, etc.		3. Mailing Address <b>117 E. Georgia St</b> Suite, Apt. #, etc.	
City & State <b>Tallahassee FL</b>		City & State <b>Tallahassee FL</b>	
Zip <b>32301</b>		Zip <b>32301</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-1983467</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>COASTAL PROPERTY SERVICES, INC.</b> <b>536 NORTH MONROE STREET</b> <b>TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to:</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>CHATEAU MANAGERS, LLC</b> <b>536 NORTH MONROE STREET</b> <b>TALLAHASSEE, FL 32301</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>117 E. Georgia St</b> <b>Tallahassee, FL 32301</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 exemptions contained in Chapter 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.			
<b>SIGNATURE:</b> 		Date <b>3/19/07</b> Daytime Phone # <b>850 205 9025</b>	