

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000086237

1. Entity Name
CHAMONIX PUBLIC PRIVATE PARTNERSHIPS LLC



Principal Place of Business

**201 S ORANGE AVENUE
SUITE 960
ORLANDO, FL 32801**

Mailing Address

**201 S ORANGE AVENUE
SUITE 960
ORLANDO, FL 32801**



01242006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1950731

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**POHL, FRANK L
280 W CANTON AVENUE
SUITE 410
WINTER PARK, FL 32789**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

1100000404105
02/06/06-80033-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KAHLI, BEAT M
STREET ADDRESS	13001 FOUNDERS SQUARE
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	MGR
NAME	BATCHELOR, DICK J
STREET ADDRESS	201 S ORANGE AVENUE SUITE 960
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DICK J. BATCHELOR 1/24/06 407841-4311

Date

Daytime Phone #