2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000089380

1. Entity Name
CHATEAU MANAGERS, LLC

20033389

Principal Place of Business	Mailing Address
C/O DENNIS FULLER	C/O DENNIS FULLER
536 NORTH MONROE STREET	536 NORTH MONROE STREET
TALLAHASSEE, FL 32301	TALLAHASSEE, FL 32301

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip . Country	Zip Country

04182006   Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-1999731	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MADIGAN, TERRELL C ATTY. C/O MCFARLAIN & CASSEDY, P.A. 305 SOUTH GADSDEN STREET TALLAHASSEE, FL 32301	Name _Dennis R. Fuller_ Street Address (P.O. Box Number is Not Acceptable) _536 N. Monroe St._ City _Tallahassee_ FL Zip Code _32301_

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 _____ _Dennis R Fuller_ _____ _4/18/06_
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**		**Make check payable to** **Florida Department of State**

9.	MANAGING MEMBERS / MANAGERS		10.			ADDITIONS / CHANGES	
TITLE	MGRM	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	FULLER, DENNIS		NAME				
STREET ADDRESS	536 NORTH MONROE STREET		STREET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

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: _____ _Dennis R Fuller_ _____ _4/18/06_   850 2059025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #