

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000089931

FILED
Jan 19, 2009
Secretary of State

Entity Name: CORDOVA CHATEAUS, LLC

Current Principal Place of Business:

95 S FEDERAL HWY STE 200
BOCA RATON, FL 33432

New Principal Place of Business:

95 S FEDERAL HWY
SUITE 200
BOCA RATON, FL 33432

Current Mailing Address:

95 S FEDERAL HWY STE 200
BOCA RATON, FL 33432

New Mailing Address:

95 S FEDERAL HWY
SUITE 200
BOCA RATON, FL 33432

FEI Number: 20-2145575

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARDSON, JOHN J ESQ.
1824 SE 4TH AVE
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

RICHARDSON, JOHN J ESQ.
95 SOUTH FEDERAL HIGHWAY
SUITE 200
BOCA RATON, FL 33432 US

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.

SIGNATURE: JOHN RICHARDSON

01/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RICHARDSON, KENNETH E
Address: 95 S FEDERAL HWY STE 200
City-St-Zip: BOCA RATON, FL 33432

Title: MGR () Delete
Name: ANNECCA, MICHAEL
Address: 95 S FEDERAL HWY STE 200
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KENNETH RICHARDSON

MGR

01/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date