

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90022 004 ****50.00

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04022006 Chg-LLC CR2E083 (11/05)

| | | | |
|--|---|--|--|
| DOCUMENT # L04000090996 1. Entity Name CHATEAUX LAWSON, LLC | | | |
| Principal Place of Business 5760 MIDNIGHT PASS ROAD, #407-D SARASOTA, FL 34242 | | Mailing Address 5760 MIDNIGHT PASS ROAD, #407-D SARASOTA, FL 34242 | |
| 2. Principal Place of Business 1300 BEN FRANKLIN DR Suite, Apt. #, etc. APT #505 City & State SARASOTA, FL Zip 34236 | | 3. Mailing Address 1300 BEN FRANKLIN DR Suite, Apt. #, etc. APT #505 City & State SARASOTA, FL Zip 34236 | |
| 4. FEI Number 40-9906249 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent LAWSON, LORI A 5760 MIDNIGHT PASS ROAD, #407-D SARASOTA, FL 34242 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1300 BEN FRANKLIN DR APT #505 City SARASOTA FL Zip Code 34236 | |
| 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 <u><i>L A Lawson</i></u> DATE <u>4/14/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| 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 NAME STREET ADDRESS CITY - ST - ZIP | MGR LAWSON, LORI A 5760 MIDNIGHT PASS RD #407-D SARASOTA, FL 34242 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1300 BEN FRANKLIN DR APT 505 SARASOTA, FL 34236 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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: <u><i>L A Lawson</i></u> | | Date <u>4/14/06</u> | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | <small>Daytime Phone #</small> | |