


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90109 049 ****50.00

DOCUMENT # L06000038992 1. Entity Name CHATEAU SHOPPING CENTER, LLC					
Principal Place of Business 20 SEASHORE DRIVE PENSACOLA BEACH, FL 32561			Mailing Address 20 SEASHORE DRIVE PENSACOLA BEACH, FL 32561		
2. Principal Place of Business - No P.O. Box # 7200 Lillian Hwy		3. Mailing Address Suite, Apt. #, etc. # 401			
City & State PENSACOLA FLORIDA		City & State PENSACOLA FLORIDA		4. FEI Number 204967587	
Zip 32566		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BEGGS & LANE, A REGISTERED LLP 501 COMMENDENCIA STREET PENSACOLA, FL 32502			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
(Empty row for managing member)			PRESIDENT FRANCISCO R. ABAD 20 SEASHORE DR PENSACOLA BEACH, FLA. 32561		
(Empty row for managing member)			Vice President DOLORA ABAD SAME ADDRESS		
(Empty row for managing member)			MANAGER FAYE DARLYNE ABAD SAME ADDRESS		
(Empty row for managing member)			(Empty row for additions/changes)		
(Empty row for managing member)			(Empty row for additions/changes)		
(Empty row for managing member)			(Empty row for additions/changes)		
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>Dolora B. Abad - DOLORA ABAD</u> 850 453.1131 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date <u>April 12, 2007</u> Daytime Phone #					