

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000038992

1. Entity Name
CHATEAU SHOPPING CENTER, LLC



Principal Place of Business

**7200 LILLIAN HWY
#401
PENSACOLA, FL 32506**

Mailing Address

**20 SEASHORE DRIVE
PENSACOLA BEACH, FL 32561**



03132008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-4967587

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BEGGS & LANE, A REGISTERED LLP
501 COMMENDENCIA STREET
PENSACOLA, FL 32502**

**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 resigning)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000869935
04/09/08-80070-004 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ABAD, FRANCISCO R
20 SEASHORE DR
PENSACOLA, FL 32561**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
ABAD, DOLORA
20 SEASHORE DR
PENSACOLA, FL 32561**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ABAD ARLYNE, FAYE D
20 SEASHORE DR
PENSACOLA, FL 32561**

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

Date

Daytime Phone #

Dolora S. Abad

March 13, 2008

*850
712-0930*