


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 29, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90156 019 \*\*\*\*50.00

<b>DOCUMENT # L06000082852</b> 1. Entity Name <b>CHAPEAU, LLC</b>					
Principal Place of Business <b>200 VIA BELLARIA PALM BEACH, FL 33480</b>			Mailing Address <b>200 VIA BELLARIA PALM BEACH, FL 33480</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ROBERT EVANS, LESLIE ESQ. LESLIE ROBERT EVANS &amp; ASSOCIATES, P.A. 214 BRAZILIAN AVENUE, SUITE 200 PALM BEACH, FL 33480</b>			Name  Street Address (P.O. Box Number is Not Acceptable)   City <div style="float: right; text-align: right;"> <b>FL</b>      Zip Code       </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		<b>Make check payable to Florida Department of State</b>			
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	MGRM Damone, Rena R 200 Via Bellaria Palm Beach, FL 33480 <input type="checkbox"/> Change <input checked="" 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	
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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.					
<b>SIGNATURE: <u>Rena Rowan Damone</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>Rena Rowan Damone</b> <small>Date</small>		<b>5/15/07</b> <small>Daytime Phone #</small>

30003091



05102007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For  
☒ Not Applicable

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