

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

04-07-2008 90234 007 ***138.75

| | | | | | |
|---|---|---|---|--|--|
| DOCUMENT # L07000058981 | | | | | |
| 1. Entity Name FLATEAU ASSOCIATES LLC | | | | | |
| Principal Place of Business 3511 BARNWEILL STREET LAND O'LAKES, FL 34638 | | | Mailing Address 3511 BARNWEILL STREET LAND O'LAKES, FL 34638 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 26-2509567 | |
| Zip | | Country | | Zip | |
| City & State | | City & State | | Applied For Not Applicable | |
| 5. Certificate of Status Desired | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| FLATEAU, JAMES B 3511 BARNWEILL STREET LAND O'LAKES, FL 34638 | | | | 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 remaining) | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FLATEAU, JAMES B 3511 BARNWEILL STREET LAND O'LAKES, FL 34638 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 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 | 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 606, Florida Statutes. | | | | | |
| SIGNATURE: <i>James B. Flateau</i> | | | 04/01/08 813920 8393 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |

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