subject	to a \$ 400	.00 LATE FEE.				pany will be)			J	
LIMITED LIABILITY COMPANY ANNUAL REPORT FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State							FILED				
1999 DIVISION OF CORPORATIONS							99 FEB 22 AM 8: 59				
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE							SLORETARY OF STATE TALLAHASSEE, FLORIDA				
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M9600000319											
CHATEAU OAKS MANAGEMENT, LLC. 9198 GREENBACK LANE, #115 ORANGEVALE CA 95662							1e. Principal Place of Business Address 9198 GREENBACK LANE, #115 ORANGEVALE CA 95662				
										ļ	
2 Principal Place of Business 2a.			2a. Maili	Mailing Address				3. Date Organized or Qualified 3a. State of Formation			
Suite, Apt. #, etc. Su			Suite, Ap	uite, Apt. #, etc.			08/27/1996 NV				
City & State			City & St	City & State			93-1194093			Applied For Not Applicable	
Zip Country		Zip Countr			y	5. Date of Last F	teport	6. Certific	ate of Status Desired		
		nd Address of Current			1	·	03/23/1	.998	\$8.75 Addi	tional Fee Required	
its registered office or registered agent, or both, in the State of Florida. Such change wa as registered agent, and accept the obligations.						Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code purpose of changing authorized by affirmative vote of a majority of the members. Thereby accept the appointment					
SIGNATURE (Registered Agent Accepting Appointment) (INDIT: Registered Agent signature) 10. Title Managing Members/Managers Bu						ess Street Address			City, State and Zip Code		
MGRM	WILLIAMS, DALE A RITTENHOUSE, DAVE			9198 GREENBACK LAN			NE, #115	ORANGEVALE CA ORANGEVALE CA		CA CA	
							f 1	***** 	8/93 H 188.75	7 *****188.75	
		a information supplied wi	th this filing d	loes not qualify	fortheex	emption stated in Se	ection 119.07(3) (i), F	Iorida Statutes	s. I further cer	tify that the information	
indicated of timited liab	on this annual rep	ort is true and accurate a he receiver or trustee en	nd that my s	signature shall	heve the s				anaging men	ber or manager of the	

INHSE10 R (12-98)