## **2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # M9600000319

1. Entity Name

CHATEAU OAKS MANAGEMENT, LLC.



## **FILED** Mar 10, 2003 8:00 am Secretary of State 03-10-2003 90029 017 \*\*\*\*50.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME  TITLE NAME  TITLE NAME  Change Addition Addition NAME	Principal Plac	ce of Business	Mailing Address		k.e						
Suite, Apt. #, etc.   Suite, Apt. #, otc.   CHECK HERE IF MAKING CHANGES	9198 GREENBACK LANE. #115										
Suite, Apt. #, etc.   Suite, Apt. #, etc.   CHPCK HERE IF MAKING CHANGES  CDy & State   City & State   4. FEI Number 93-1194093   Application of Formation of State 1 (1) Application of Institute of Application of Institute of Application of Institute of Application of Institute of Instit	2 Oringinal I	Plane of Dissipace	To Water								
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Country   Country   Country   Country   Country   S. Certificate of Status Desired   S. S. On Additional Fee Regulation   S. Name and Address of Current Registered Agent   T. Name and Address of New Registered Agent   T. Name and Address   T. Nam	City & Star	te	City & State	City & State		4. FEI Num	4. FEI Number 93-1194093				
WEBB, RICHARD S IV, ESO 2 NORTH TAMIAMI TRAIL, SUITE 500 SARASOTA FL 34238  6. 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.  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.  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.  8. MANAGING MEMBERS MANAGERS  9. MANAGER MEMBERS MEMBERS MANAGERS  9. MANAGER MEMBERS MANAGERS  9. MANAG	Zip	Country	Zip	Zip Count		5. Certifica	5. Certificate of Status Desired		\$5.00 Additional		
WEBB, RICHARD S M, ESQ 2 NORTH TAMIAMI TRAIL, SUITE 500 SARASOTA FL 34238  City FL Zip Code  City FL Zip Code  1. 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  THE NOW!! FE IS \$50.00  Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS  MILLIAMS, DALE A 9190 GREENBACK LANE, #115 ORANGEVALE CA \$5662  TITLE MGRM MWE SIRET ADDRESS OUTY-ST-2P ORANGEVALE CA \$5662  TITLE MOREY MANAGING MILLIAMS, DALE A 9190 GREENBACK LANE, #115 ORANGEVALE CA \$5662  TITLE MOREY	6. Name and Address of Current Registered Agent					7. Name ar	nd Address of New Reg				
2 NORTH TAMIAMI TRAIL, SUITE 500 SARASOTA FL 34238    City   FL   Zip Code	WFI	RR. RICHARD S IV FSQ	<u></u>	~	_Name	<del></del>	<u> </u>		~~~		
Either address of the purpose of changing its registered agent, or both, in the State of Florida. I ann far-filler with, and account the obligations of registered agent, or both, in the State of Florida. I ann far-filler with, and account the obligations of registered agent, or both, in the State of Florida. I ann far-filler with, and account the obligations of registered agent, or both, in the State of Florida. I ann far-filler with, and account the obligations of registered agent, or both, in the State of Florida. I ann far-filler with, and account the obligations of registered agent, or both, in the State of Florida. I ann far-filler with, and account the obligations of registered agent, or both, in the State of Florida. I ann far-filler with, and account the obligations of the	2 N	ORTH TAMIAMI TRAIL, SUITE 500			Street Addr	ess (P.O. Box Num	ber is Not Acceptable)		er, i	3,5 6.5	
8. The above named entity submits this statement for the purpose of changing its registored office or registered agent. or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent.    Signature	O7 W 1	0.0017.112.012.00							-		
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SIGNATURE    Signature   Trille	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.										
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S. MANAGING MEMBERS/MANAGERS 10.11 11.11 1	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
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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.