


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90114 006 ****50.00

DOCUMENT # L03000022202

1. Entity Name
FRANCE DEVELOPMENT PROPERTIES, LLC



Principal Place of Business
**1221 BRICKELL AVENUE, SUITE 1100
 MIAMI, FL 33131**

Mailing Address
**1221 BRICKELL AVENUE, SUITE 1100
 MIAMI, FL 33131**

24042995



2. Principal Place of Business
1390 Brickell Ave.
 Suite, Apt. #, etc.
Suite 200

3. Mailing Address
1390 Brickell Ave.
 Suite, Apt. #, etc.
Suite 200

04062004 Chg-LLC CR2E083 (10/03)

City & State
Miami, Florida

City & State
Miami, Florida

Zip Country
33131 USA

Zip Country
33131 USA

4. FEI Number **55-0835975** Applied For Not Applicable

6. Name and Address of Current Registered Agent

AGRAMUNT, LUIS
1221 BRICKELL AVENUE, SUITE 1100
MIAMI, FL 33131

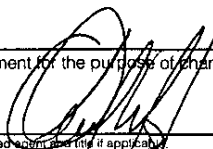
7. Name and Address of New Registered Agent

Name **Luis Agramunt**

Street Address (P.O. Box Number is Not Acceptable)
1390 Brickell Ave., Suite 200

City **Miami** State **FL** Zip Code **33131**

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  DATE **06/05/04**

Signature, typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2004**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE SAINT VINCENT, THIBAUT 1221 BRICKELL AVENUE, SUITE 1100 MIAMI, FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOCH, FREDERIC 1221 BRICKELL AVENUE, SUITE 1100 MIAMI, FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1390 Brickell Ave., Suite 200 Miami Florida 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1390 Brickell Ave., Suite 200 Miami Florida 33131	
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"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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:  DATE **06/05/04** DAYTIME PHONE # **305.3735802**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE