


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

8/18/2005-90105-039-\$50.00-\$50.00

**FILED**  
**Oct 20, 2005 8:00 A.M.**  
**Secretary of State**

DOCUMENT # L04000020809			
1. Entity Name FRENCH OVERSEAS COMPANY, LLC			
Principal Place of Business C/O UFG PROPERTY MANAGEMENT 2828 S.W. 22ND ST, STE 208 MIAMI FL 33145		Mailing Address C/O UFG PROPERTY MANAGEMENT 2828 S.W. 22ND ST, STE 208 MIAMI FL 33145	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEE Amount 22-3900937		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE S.E. 3RD AVE, 28TH FLOOR MIAMI FL 33131		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent's signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By September 7, 2005</b>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MEMBER <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MTA HOLDINGS, INC	NAME	
STREET ADDRESS	2828 SW 22ND STREET - SUITE 208	STREET ADDRESS	
CITY- ST- ZIP	MIAMI, FL 33145	CITY- ST- ZIP	
TITLE	MANAGER <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERTO SAN MIGUEL	NAME	
STREET ADDRESS	2828 SW 22ND STREET - SUITE 208	STREET ADDRESS	
CITY- ST- ZIP	MIAMI, FL 33145	CITY- ST- ZIP	
TITLE	MANAGER <input type="checkbox"/> Delete	TITLE	REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINA SAN MIGUEL	NAME	
STREET ADDRESS	2828 SW 22ND STREET - SUITE 208	STREET ADDRESS	
CITY- ST- ZIP	MIAMI, FL 33145	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: <u>Martina San Miguel</u> MARTINA SAN MIGUEL		08/12/05 (305) 648-3141	
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Chapter Page 2	