

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

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90130 045 ****50.00

DOCUMENT # L96000000333

1. Entity Name



29000733

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1845 S. Federal Highway

3. Mailing Address
1845 S. Federal Highway

Suite, Apt. #, etc.
354

Suite, Apt. #, etc.
354

DO NOT WRITE IN THIS SPACE

City & State
Delray Beach, FL

City & State
Delray Beach, FL

4. FEI Number 65-0652428

Applied For
Not Applicable

Zip
33483

Country
USA

Zip
33483

Country
USA

5. Certificate of Status Desired \$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Thierry Genoyer**

Street Address (P.O. Box Number is Not Acceptable)

740 AZALEA ST

City **BOCA RATON**

FL Zip Code **33486**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

DATE _____

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
MGRM	GENOYER, THIERRY	740 AZALEA ST.	BOCA RATON FL 33486				
MGRM	GENOYER, JEAN-MARC	107 AV. DE LA FLORIDE	BRUSSELS-BELGIUM				
				DO NOT WRITE IN THIS SPACE			

CR2E083B (12/02)

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: Thierry Genoyer, THIERRY GENOYER / 6/04 561 276 7156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #