2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L05000094792

FILED Apr 27, 2006 8:00 am Secretary of State 04-27-2006 90032 010 ****50.00

1. Entity Nam LA DUCH	IESSE, LLC										
Principal Place of Business 14302 HAMPSHIRE BAY CIRCLE WINTER GARDEN, FL 34787			Mailing Address 14302 HAMPSHIRE BAY CIRCLE WINTER GARDEN, FL 34787			20037436					
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			3052006	Chg-LLC	CR2E	E083 (11/05)		
City & State	е	City & State	City & State			FEI Numb	^e ′057	080	_ 	oplied For ot Applicable	
Zip	Country	Zip	Count	try			of Status Desir		\$5.00 Add Fee Require		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
HART, DAVID J					BOSC HURORE						
21 SE/ A		Street Address (P.O. Box Number is Not Acceptable). 14302 HAMPSHINE BIY CIRCLE									
107H FLO	ŀ	1.5	14000 HAMPSHINE DRY CIKCHE								
WIIAWIIA	33131		,	City ,							
Ċ.	t.					-G4 2 5	U=U	F	L Zig Cod	า๊ส 🤈	
8. The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered agent.							th, in the State	of Florida. I ar	n familiar with,	and accept	
the obligations of registered agent											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
Filing Fee is \$50.00 Due by May 1, 2006								Make check orida Depart	payable to ment of State	e	
9.	MANAGING M	 EMBERS/MANAGERS	10.				ADDITIO	NS/CHANGE	-s		
TITLE	MGRM	☐ Delete	TITLE	Į,	NOFF	1, ,			KZÍ Characa	Addition	
NAME .	BOSC, GERARD		NAME		osc-	0 EF	aco MPSH IR	a RAI C	TRela		
STREET ADDRESS CITY-ST-ZIP	14302 HAMPSHIRE BAY CI WINTER HAVEN, FL 34787		STREET CITY-S'			5 HH	TALOU IV	-			
	MGRM MGRM			51-21P U	N.A.	BY 04	trow F	~ W 34	7 € 1 ★ Change		
TITLE NAME	BOSC, AURORE	☐ Delete	TITLE	: Q	HOLH	Sul	- ORE		•	Addition	
STREET ADDRESS	14302 HAMPSHIRE BAY-CIRCLE			T ADDRESS	4302 HAMPSHIRE BAY CIRCLE WINTER CHEDW FL 347F7					e	
CITY-ST-ZIP	WINTER HAVEN, FL 34787	CITY-	ST-ZIP '	W.W.	-22	3 ARDU	V FL	3475	7		
TITLE		☐ Delete	TITLE						☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREE	ET ADDRESS							
CITY-ST-ZIP				ST-ZIP							
TITLE		☐ Delete	TITLE						☐ Change	Addition	
NAME			NAME						_	_	
STREET ADDRESS				T ADDRESS							
CITY-ST-ZIP				ST-ZIP							
TITLE NAME		☐ Delete	TITLE	i					☐ Change	☐ Addition	
STREET ADDRESS				T ADDRESS							
CITY-ST-ZIP			CITY-	ST-ZIP							
TITLE		☐ Delete	TITLE		-				☐ Change	☐ Addition	
NAME expect apposes			NAME	I							
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP							
	ertify that the information supplied	d with this filing does not qualify for			ained in C	hapter 119	Florida Statute	s. I further cert	tify that the info	rmation	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.											