

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

09-10-2007 90103 028 ****50.00

L06000105153

FILED

07 OCT 15 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09042007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000105153					
1. Entity Name COULEUR PROVENCE, LLC					
Principal Place of Business 2313 NW 30TH STREET #2313 OAKLAND PARK, FL 33311			Mailing Address 2313 NW 30TH STREET #2313 OAKLAND PARK, FL 33311		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-8005551	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PARTOUCHE, PHILIPPE 2701 S. BAYSHORE DRIVE, SUITE 402 MIAMI, FL 33133			Name		
			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 _____ (NOTE: Registered Agent Signature required when re-registering) DATE _____					
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PARTOUCHE, PHILIPPE		NAME		
STREET ADDRESS	2313 NW 30TH STREET #2313		STREET ADDRESS		
CITY-ST-ZIP	OAKLAND PARK, FL 33311		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MACE, FABRICE		NAME		
STREET ADDRESS	2313 NW 30TH STREET #2313		STREET ADDRESS		
CITY-ST-ZIP	OAKLAND PARK, FL 33311		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		
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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 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.					
SIGNATURE: _____			Date: 9.4.07 8619290113		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

REINSTATEMENT OF *Chg*