

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 11, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L99000006098

1. Entity Name  
LE PARIS-PROVENCE, L.C.



Principal Place of Business  
530 LINCOLN ROAD  
SUITE 100  
MIAMI BEACH, FL 33139

Mailing Address  
530 LINCOLN ROAD  
MIAMI BEACH, FL 33139



01032008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0951679

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MALKA, HARRY ESQ.  
LEIBY STEARNS & ROBERTS, P.A.  
1000 SAWGRASS CORP PKWY., STE #552  
FT. LAUDERDALE, FL 33323

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/08/08

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	CURTAT, GILES
STREET ADDRESS	530 LINCOLN ROAD
CITY-STATE-ZIP	MIAMI BEACH, FL 33139
TITLE	MGRM
NAME	NOUGUES, ANTHONY
STREET ADDRESS	1200 WEST AVENUE
CITY-STATE-ZIP	MIAMI BEACH, FL 33139
TITLE	MGRM
NAME	LAHMY, DAVID
STREET ADDRESS	530 LINCOLN ROAD SUITE 100
CITY-STATE-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000781252  
01/15/08-80027-004 143.75

**DO NOT WRITE  
IN THIS SPACE**

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:

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

Date

Daytime Phone #

01/08/08

305 673 1139