

# **2006 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A05000000045

Entity Name: LA CUSINIERE LTD

**FILED**  
**Apr 30, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

13920 NE 12 AVE  
NORTH MIAMI, FL 33161 US

**New Principal Place of Business:**

**Current Mailing Address:**

12795 SW 54 STREET  
MIRAMAR, FL 33027 US

**New Mailing Address:**

FEI Number: 20-2100578

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HYPPOLITE, IRENE T  
12795 SW 54 STREET  
MIRAMAR, FL 33027 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: TOUSSAINT, KETHLENN  
Address: 17620 NE 8TH CT  
City-St-Zip: NORTH MIAMI BEACH, FL 33162  
Document #:

Name: HYPPOLITE, SERGE G  
Address: 12795 SW 54 STREET  
City-St-Zip: MIRAMAR, FL 33027  
Document #:

Name: HYPPOLITE, IRENE T  
Address: 12795 SW 54 STREET  
City-St-Zip: MIRAMAR, FL 33027

**ADDRESS CHANGES ONLY:**

Address: 17620 NE 8 CT  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Address:  
City-St-Zip:

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: IRENE T. HYPPOLITE

GP

04/30/2006

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date