Jul 02 2004 2:30PM BERT#&#ASSOCIATES

FILED
Jul 09, 2004 8:00 am
Secretary of State
07-09-2004 90092 013 ****50.00

14025138

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000004425

1. Entity Name
ROYAL FRENCH INTERIORS, L.L.C.

Principal Place of Business	Mailing Address
~~5860 NW 44TH ST~~ 5608 TRAVELERS PALM LANE ~~APT 804 BLDG 6~~ ~~LAUDERHILL, FL 33319~~ TAMARAC, FL 33319	~~5860 NW 44TH ST~~ SAME ~~APT 804 BLDG 6~~ ~~LAUDERHILL, FL 33319~~

07022004 No Chg-LLC CR2E083 (10/03)

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6. FEI Number 65-1003770 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BERDAH, ELAINE ~~5860 NW 44TH ST~~ ELIANE 5608 TRAVELERS PALM LANE
~~APT 804 BLDG 6~~
~~LAUDERHILL, FL 33319~~ TAMARAC, FL 33319

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

Filing Fee is $50.00
Due by September 6, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	BERDAH, ELAINE ~~ELIANE~~
STREET ADDRESS	~~5860 NW 44TH ST #804 BLDG 6~~ 5608 Traveler Palm Lane
CITY-ST-ZIP	~~LAUDERHILL, FL 33319~~
TITLE	V
NAME	LEVY, MARGARITA
STREET ADDRESS	~~5860 NW 44TH ST #804 BLDG 6~~ Tamarac, FL 33319
CITY-ST-ZIP	~~LAUDERHILL, FL 33319~~
TITLE	5608 Travelers Palm Lane
NAME	Tamarac, FL 33319
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 605, Florida Statutes.

SIGNATURE: X _____ MARGARITA LEVY 7/2/04 954-717-1805
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #