


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90042 018 ****55.00

DOCUMENT # L00000008989 1. Entity Name LOUISIANA, L.L.C.					
Principal Place of Business 3000 2 NW 25TH AVE. POMPANO BEACH, FL 33069			Mailing Address 3000 2 NW 25TH AVE. POMPANO BEACH, FL 33069		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc. 3000 3 NW 25th			Suite, Apt. #, etc. 3000 3 NW 25th		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 36-4383124	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CAIRO, DANIEL 3000-12 NW 25TH AVE. POMPANO BEACH, FL 33069				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3000 3 NW 25th Ave 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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TOLEDE, JEAN L L 11 BLVD. BELLAMY ROYAN, FRANCE, 17200	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CAIRO, DANIEL 2155 NW 45TH AVE. COCONUT CREEK, FL 33066	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
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TITLE NAME STREET ADDRESS 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: 4/27/06 Daytime Phone #: _____					