

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000009376

1. Entity Name  
LE FRANCILIEN, LLC

Principal Place of Business  
2177 SIESTA DRIVE  
SARASOTA FL 34239

Mailing Address  
2177 SIESTA DRIVE  
SARASOTA FL 34239

FILED

01 AUG 30 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
2177 Siesta Dr  
Suite, Apt. #, etc.

3. Mailing Address  
2177 Siesta Dr  
Suite, Apt. #, etc.

City & State  
SARASOTA FL  
Zip  
34239  
Country  
FL

City & State  
SARASOTA FL  
Zip  
34239  
Country  
FL

4. FEI Number  
59-3153177

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CABRERA, ORLANDO J  
701 BRICKELL AVENUE, SUITE 1900  
MIAMI FL 33131

7. Name and Address of New Registered Agent  
Name  
GOURDON ANNIE  
Street Address (P.O. Box Number is Not Acceptable)  
~~5110 WILLOW LINKS~~  
2650 Club MAR DRIVE  
City  
SARASOTA FL Zip Code  
34237

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

800004573068--8  
-09/06/01--01092--013  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~GOV. PRESIDENT~~  
~~GOURDON ANNIE~~  
~~5110 WILLOW LINKS~~  
~~SARASOTA FL 34239~~

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
GOURDON ANNIE  
2650 Club MAR DR  
SARASOTA 34237

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~Vice President~~  
~~GOURDON YVON~~  
~~5110 WILLOW LINKS~~  
~~SARASOTA FL 34239~~

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE PRESIDENT  
GOURDON YVON  
2650 Club MAR DR  
SARASOTA FL 34237

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~Cabrera Orlando J~~  
~~701 Brickell Ave~~  
~~MIAMI 33131~~

TITLE  
NAME  
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CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

08/24/2001 957 0533

08/24/2001 342 76936

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CR2E083 (11/00)