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**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
Jul 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000067061	
1. Entity Name HUBLOT'S PTITE CHOSE, LLC	

Principal Place of Business 1702 AOKVIEW DR SARASOTA, FL 34232	Mailing Address 1702 AOKVIEW DR SARASOTA, FL 34232
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07012006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 45-0482895	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent HUBLOT, CLAUDE 1702 AOKVIEW DR SARASOTA, FL 34232
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**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 _____

**Filing Fee is \$50.00
Due by September 8, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUBLOT, CLAUDE BERNARD 1702 AOKVIEW DR SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUBLOT, PETRA 1702 AOKVIEW DR SARASOTA, FL 34232
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07/06/06-80010-023 50.00**DO NOT WRITE
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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:

CLAUDE HUBLOT



Petra Hublot



7/01/06

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

Date

Daytime Phone #

941-378-1204