

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000015909

1. Entity Name  
THE FRENCH CONNECTION, L.L.C.



Principal Place of Business  
1301 PLANTATION ISLAND DR  
SAINT AUGUSTINE, FL 32080

Mailing Address  
PO DRAWER 70  
ST. AUGUSTINE, FL 32085-0070



01132005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3132468

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

THOMPSON, PAUL J  
1301 PLANTATION ISLAND DRIVE  
STE 206-B  
SAINT AUGUSTINE, FL 32080

**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 May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	THOMPSON, ERIC
STREET ADDRESS	201 SOUTH MONROE STREET
CITY - ST - ZIP	HINSDALE, IL 60521
TITLE	MGRM
NAME	THOMPSON, PAUL J
STREET ADDRESS	PO DRAWER 70
CITY - ST - ZIP	SAINT AUGUSTINE, FL 32085
TITLE	MGRM
NAME	THOMPSON, GISELLE
STREET ADDRESS	5501 ALANDALE CT.
CITY - ST - ZIP	ORLANDO, FL 32839
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000261205  
03/14/05-80001-013 50.00

**DO NOT WRITE  
IN THIS SPACE**

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 60B, Florida Statutes.

SIGNATURE:

Paul J. Thompson

3-11-05

904-471-4800

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

Date

Daytime Phone #