



**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000015909</b>		
1. Entity Name <b>THE FRENCH CONNECTION, L.L.C.</b>		
Principal Place of Business <b>1301 PLANTATION ISLAND DR SAINT AUGUSTINE, FL 32080</b>		Mailing Address <b>PO DRAWER 70 ST. AUGUSTINE, FL 32085-0070</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		
01172006No Chg-LLC CR2E083 (11/05)		
4. FEI Number <b>59-3132468</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>THOMPSON, PAUL J 1301 PLANTATION ISLAND DRIVE STE 206-B SAINT AUGUSTINE, FL 32080</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THOMPSON, ERIC 201 SOUTH MONROE STREET HINSDALE, IL 60521	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THOMPSON, PAUL J PO DRAWER 70 SAINT AUGUSTINE, FL 32085	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THOMPSON, GISELLE 5501 ALANDALE CT. ORLANDO, FL 32839	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <u>Paul J Thompson</u> 4-14-06 904-471-4800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		