


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000015909</b> 1. Entity Name THE FRENCH CONNECTION, L.L.C.	
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Principal Place of Business 1301 PLANTATION ISLAND DR SAINT AUGUSTINE, FL 32080	Mailing Address PO DRAWER 70 ST. AUGUSTINE, FL 32085-0070
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**DO NOT WRITE IN THIS SPACE**



03152007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3132468	Applied For 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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2007**

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
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**DO NOT WRITE  
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U00000706339  
04/24/07-80029-022 50.00

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: Paul J. Thompson 4/5/07 (904) 471-4800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #