

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019736

FILED  
Jul 02, 2004  
Secretary of State

**Entity Name:** LA MAISON DU PATE OF MIAMI BEACH, L.L.C.

**Current Principal Place of Business:**

5600 COLLINS AVE.  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

155 NE 96TH STREET  
MIAMI SHORES, FL 33138

**Current Mailing Address:**

850 N.E. 90TH STREET, #1  
MIAMI, FL 33138

**New Mailing Address:**

**FEI Number:** 65-1152006      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MOYAL, PATRICK  
208 N. UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR      ( ) Delete  
Name: DEPONS, JOHN E  
Address: 812 NE 90 ST # 2  
City-St-Zip: MIAMI, FL 33138

Title: MGR      (X) Delete  
Name: GUERRA, JUAN  
Address: 5600 COLLINS AVENUE  
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGR      ( ) Delete  
Name: DEPONS, JON-PIERRE  
Address: 5600 COLLINS AVENUE  
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGR      ( ) Delete  
Name: PHARAON, LUCIANO  
Address: 510 N.W. 124TH STREET  
City-St-Zip: MIAMIE, FL 33162

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: DE PONS, ETIENNE J  
Address: 850 NE 90TH STREET # 4  
City-St-Zip: MIAMI, FL 33138

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR      (X) Change ( ) Addition  
Name: PHARAON, LUCIANO  
Address: 1155 NE 103RD STREET  
City-St-Zip: MIAMI SHORES, FL 33138

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JON-PIERRE DEPONS

MGR

07/02/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date