2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000020490

1. Entity Name
GREGOIRE, LLC

Principal Place of Business	Mailing Address
14750 BISCAYNE BOULEVARD NORTH MIAMI BEACH, FL 33181	14750 BISCAYNE BOULEVARD NORTH MIAMI BEACH, FL 33181

04202004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1169084
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, PAUL J ESQ.
C/O ROBINSON AND MARKS, P.A.
1590 NE 162ND STREET, SUITE 200
NORTH MIAMI BEACH, FL 33162

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

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	AKIBA, CHARLES
STREET ADDRESS	14750 BISCAYNE BOULEVARD
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33181
TITLE	MGR
NAME	INCORVAI, BERNARD
STREET ADDRESS	14750 BISCAYNE BOULEVARD
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33181
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000137674
04/29/04-80051-004 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 608, Florida Statutes.

SIGNATURE: _____ 4/20/04 (305) 957 0008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #