

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006969

**FILED**  
**Jan 20, 2005**  
**Secretary of State**

**Entity Name:** ANNE DE FRANCE LIMITED COMPANY

**Current Principal Place of Business:**

159 TAVERNIER TRAIL  
TAVERNIER, FL 33070

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 9388  
TAVERNIER, FL 33070

**New Mailing Address:**

**FEI Number:** 04-3630181

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22 STREET, 4TH FLOOR  
MIAMI, FL 33145 US

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

BLANC, ANNIE  
PO BOX 9388  
TAVERNIER, FL 33070 US

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: ANNIE BLANC

01/20/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: GOURINAT, JEAN-PIERRE  
Address: 159 TAVERNIER TRAIL  
City-St-Zip: TAVERNIER, FL 33070

Title: MGR ( ) Delete  
Name: BLANC, ANNIE JEANNE  
Address: 159 TAVERNIER TRAIL  
City-St-Zip: TAVERNIER, FL 33070

**ADDITIONS/CHANGES:**

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

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

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: JEAN-PIERRE GOURINAT

MGR

01/20/2005

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