

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State


DOCUMENT # L02000006969

1. Entity Name
ANNE DE FRANCE LIMITED COMPANY



| | |
|--|---|
| Principal Place of Business 159 TAVERNIER TRAIL TAVERNIER, FL 33070 | Mailing Address POST OFFICE BOX 9388 TAVERNIER, FL 33070 |
|--|---|

DO NOT WRITE IN THIS SPACE



04182008No Chg-LLC CR2E083 (12/07)

| | |
|---|---------------------------------------|
| 4. FEI Number 04-3630181 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

**SPIEGAL & UTRERA, P.A.
 1840 CORAL WAY
 4TH FLOOR
 MIAMI, FL 33145**

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)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR GOURINAT, JEAN-PIERRE 159 TAVERNIER TRAIL TAVERNIER, FL 33070 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR BLANC, ANNIE JEANNE 159 TAVERNIER TRAIL TAVERNIER, FL 33070 |
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 05/29/08-80035-018 138.75

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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: *Annie Blanc* *April 26, 2008*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #