


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90034 032 ****55.00

DOCUMENT # L02000010900

1. Entity Name
MANON & MARIE LLC



Principal Place of Business 199 OCEAN LANE DRIVE SUITE 410 KEY BISCAVNE, FL 33149	Mailing Address 199 OCEAN LANE DRIVE SUITE 410 KEY BISCAVNE, FL 33149
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DO NOT WRITE IN THIS SPACE



04052007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 03-0450623	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

DESVIGNE, NATHALIE
199 OCEAN LANE DRIVE
SUITE 804
KEY BISCAVNE, FL 33149

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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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DESVIGNE, NATHALIE 199 OCEAN LANE DRIVE KEY BISCAVNE, FL 33149
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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: Desvigne Nathalie DESVIGNE 04/14/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #