

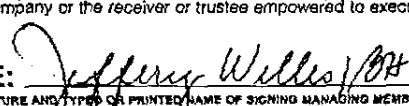


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000025741		
1. Entity Name ARDENNES, LLC		
Principal Place of Business 9 CHIPMUNK LANE RIDGEFIELD, CT 06877		Mailing Address 9 CHIPMUNK LANE RIDGEFIELD, CT 06877
DO NOT WRITE IN THIS SPACE		
		
04022006No Chg-LLC CR2E083 (11/05)		
4. FEI Number 11-3673209		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent WELLS, JEFFREY 12209 SUNSET POINT CIRCLE WELLINGTON, FL 33414		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
Filing Fee is \$50.00 Due by May 1, 2006		U00000500105 04/25/06-80010-010 50.00
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WELLES, JEFFERY 12209 SUNSET POINT CIRCLE WELLINGTON, FL 33414	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAIR, GARETH 12209 SUNSET POINT CIRCLE WELLINGTON, FL 33414	
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		
DO NOT WRITE IN THIS SPACE		
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: <i>Jeffrey Wells</i> 		04-01-06 203-790-9392
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>