FILED
Feb 03, 2004 8:00 am
Secretary of State
01-14-2004 90040 026 ****50.00

1/

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000004927

1. Entity Name
FRENCH REALTY HOLDINGS, LLC

Principal Place of Business	Mailing Address
104 CRANDON BLVD., STE. 409 KEY BISCAYNE, FL 33149	104 CRANDON BLVD., STE. 409 KEY BISCAYNE, FL 33149

01072004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
2828 SW 22ND ST		2828 SW 22ND ST.	
Suite, Apt. #, etc.: # 208		Suite, Apt. #, etc.: # 208	
City & State: Miami, FL.		City & State: Miami, FL.	
Zip: 33145	Country: USA	Zip: 33145	Country: USA

4. FEI Number: 65-0314379 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~RESEARCH MANAGEMENT CORP.~~ ~~104 CRANDON BLVD., STE. 409~~ KEY BISCAYNE, FL 33149	Name: ~~U-F-G - PROPERTY MANAGEMENT~~ Street Address (P.O. Box Number is Not Acceptable): ~~2828 SW 22ND ST. # 208~~ City: Miami FL Zip Code: 33145

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: [signature] N. ROMAN - MGR. 1-7-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MGR NAME: SAN MIGUEL, ALBERTO STREET ADDRESS: 2828 SW 22ND ST. # 208 CITY-ST-ZIP: Miami, FL 33145	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] N. ROMAN - MGR. 1-7-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #