


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000005840 1. Entity Name MICHELE B, LLC	
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Principal Place of Business 2597 NW 31ST ST. BOCA RATON, FL 33434	Mailing Address 2597 NW 31ST ST. BOCA RATON, FL 33434
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DO NOT WRITE IN THIS SPACE



01122005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 34-1975293	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HART, DAVID J 2597 NW 31ST ST. BOCA RATON, FL 33434	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and date if applicable</small>	DATE <u>02/07/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BISMUTH WEINERT, MICHELE 6 RUE DES PRIMEUERS SEURAN, 93270 FRANCE,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BISMUTH, JACOB 6 RUE DES PRIMEUERS SEURAN, 93270 FRANCE,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/10/05-80042-014 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date <u>02-07-05</u> <small>Daytime Phone 561 291 3321</small>
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