

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90142 037 *****50.00

DOCUMENT # L03000008281

1. Entity Name
FRENCHMAN'S LADIES INVESTMENT PROJECT, L.L.C.



Principal Place of Business Mailing Address
13772 LE BATEAU ISLE **13772 LE BATEAU ISLE**
PALM BEACH GARDENS, FL 33410 **PALM BEACH GARDENS, FL 33410**

60009300



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
3790 LINOES LANE **3790 LINOES LANE**
Suite, Apt. #, etc. Suite, Apt. #, etc.

01112007 Chg-LLC CR2E083 (12/06)

City & State City & State
PALM BEACH GARDENS, FL **PALM BEACH GARDENS, FL**
Zip Country Zip Country
33410 **USA** **33410** **USA**

4. FEI Number 56-2325633 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NORMAN, KENNETH A
2400 S.E. FEDERAL HIGHWAY, FOURTH FLOOR
STUART, FL 34994

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 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, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE T ☒ Delete
NAME **POMERANTZ, SIMA**
STREET ADDRESS **13772 LE BATEAU ISLE**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE P ☒ Delete
NAME **ZAZIK, GARROL**
STREET ADDRESS **13110 REDON DR**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE S ☒ Delete
NAME **BARHAM, CAROLE**
STREET ADDRESS **13782 MONACO WY**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **NANCY NASSAU**
STREET ADDRESS **3790 LINOES LANE**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **PARLEEN HACKER** ☒ Change ☐ Addition
NAME **3599 LOIRE LANE**
STREET ADDRESS **PALM BEACH GARDENS, FL 33410**

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **BRENDA LANE**
STREET ADDRESS **13615 VERDE WAY**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Nancy Nassau **NANCY NASSAU** 1/29/07 776-8901 (5201)