


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90114 006 \*\*\*\*50.00

<b>DOCUMENT # L03000022202</b>	
<b>1. Entity Name</b> FRANCE DEVELOPMENT PROPERTIES, LLC	

<b>Principal Place of Business</b> 1221 BRICKELL AVENUE, SUITE 1100 MIAMI, FL 33131	<b>Mailing Address</b> 1221 BRICKELL AVENUE, SUITE 1100 MIAMI, FL 33131
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**24042995**



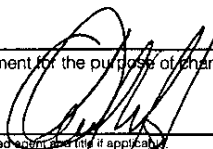
<b>2. Principal Place of Business</b> 1390 Brickell Ave. Suite, Apt. #, etc. Suite 200 City & State Miami, Florida Zip 33131 Country USA	<b>3. Mailing Address</b> 1390 Brickell Ave. Suite, Apt. #, etc. Suite 200 City & State Miami, Florida Zip 33131 Country USA
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04062004 Chg-LLC CR2E083 (10/03)

<b>6. Name and Address of Current Registered Agent</b> AGRAMUNT, LUIS 1221 BRICKELL AVENUE, SUITE 1100 MIAMI, FL 33131	<b>7. Name and Address of New Registered Agent</b> Name Luis Agramunt Street Address (P.O. Box Number is Not Acceptable) 1390 Brickell Ave., Suite 200 City Miami FL Zip Code 33131
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<b>4. FEI Number</b> 55-0835975	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required
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<b>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.</b> SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE 06/05/04
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<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE SAINT VINCENT, THIBAUT 1221 BRICKELL AVENUE, SUITE 1100 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1390 Brickell Ave., Suite 200 Miami Florida 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOCH, FREDERIC 1221 BRICKELL AVENUE, SUITE 1100 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1390 Brickell Ave., Suite 200 Miami Florida 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.**

<b>SIGNATURE:</b> 	<b>06/05/04</b>	<b>305.3735802</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>