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Secretary of State

05-11-2006 90015 002 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L03000044911

1. Entity Name
NOS TROIS FILLES, L.L.C.

300115501

Principal Place of Business
164 BALFOUR DRIVE
MARCO ISLAND, FL 34145

Mailing Address
~~918 NORTH COLLIER BLVD.~~
~~MARCO ISLAND, FL 34145~~

2. Principal Place of Business		3. Mailing Address	
		164 Balfour Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Marco Island FL	
Zip	Country	Zip: 34145	Country: USA

01162006 Chg-LLC CR2E083 (11/05)

4. FEI Number: 37-1481998 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

WOODWARD, CRAIG R
606 BALD EAGLE DRIVE, STE. 500
MARCO ISLAND, FL 34145

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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEURGUE, DENIS 164 BALFOUR DRIVE MARCO ISLAND, FL 34145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEURGUE, LISA 164 BALFOUR DRIVE MARCO ISLAND, FL 34145	☐ 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
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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 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] Lisa Meurgue Treasurer 22 june 06 239-250-9059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #