

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000023522

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: BEAU SEJOUR HOUSING, LLC

**Current Principal Place of Business:**

3641 SW CAMASTRO  
PORT SAINT LUCIE, FL 34952 US

**New Principal Place of Business:**

**Current Mailing Address:**

7 LOEW CIRCLE  
MILTON, MA 02186 US

**New Mailing Address:**

FEI Number: 77-0629803

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BLANC, JEAN CLAUDE  
4161 SW BAIRD ST  
PORT SAINT LUCIE, FL 34953 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CORRIELUS, LESLY J  
Address: 7 LOEW CIRCLE  
City-St-Zip: MILTON, MA 02186 US

Title: MGRM ( ) Delete  
Name: CORRIELUS, JEAN M  
Address: 6031 FINCASTLE DRIVE  
City-St-Zip: MANASSAS, VA 20112 US

Title: MGRM ( ) Delete  
Name: CORRIELUS, JEAN L  
Address: 952 E 54TH STREET  
City-St-Zip: BROOKLYN, NY 11238 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LESLY CORRIELUS

MGR

03/25/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date