

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90216 001 ****50.00

DOCUMENT # L04000031559

1. Entity Name
FRENCH VILLAGE DEVELOPERS, LLC



Principal Place of Business

**815 N.W. 57TH AVE.
SUITE 405
MIAMI, FL 33126**

Mailing Address

**815 N.W. 57TH AVE.
SUITE 405
MIAMI, FL 33126**

DO NOT WRITE IN THIS SPACE



03142006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-2513075

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FIELDSTONE, RONALD R
201 ALHAMBRA CIR. SUITE 601
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS

TITLE MM
NAME ESPIONOSA, FRANCISCO A
STREET ADDRESS 815 NW 57TH AVE, SUITE 405
CITY-ST-ZIP MIAMI, FL 33126

TITLE M
NAME ARAGON, HECTOR
STREET ADDRESS 3735 SW 8 STREET, SUITE 105
CITY-ST-ZIP MIAMI, FL 33126

TITLE M
NAME FAZIO, D FREDRICO
STREET ADDRESS 633 SANDRAW AVE
CITY-ST-ZIP FT LAUDERDALE, FL 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/20/06 305 266 1162