

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086733

FILED
May 01, 2006
Secretary of State

Entity Name: LES TROIS E INVESTMENTS LLC

Current Principal Place of Business:

480 N. ORLANDO AVENUE
SUITE 110
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

480 N. ORLANDO AVENUE
SUITE 110
WINTER PARK, FL 32789 US

New Mailing Address:

FEI Number: 20-1981952 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WOODBIDGE, FREDERICK JR.
7700 N. KENDALL DRIVE
SUITE 809
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

SZAFARZ, ERIC
1986 KENASTON ROAD, UNIT 107
MAITLAND, FL 32751 US

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: ERIC SZAFARZ

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SZAFARZ, EVELYNE
Address: 1986 KENASTON ROAD, UNIT 107
City-St-Zip: MAITLAND, FL 32751 US

Title: MGRM () Delete
Name: SZAFARZ, ERIC
Address: 1986 KENASTON ROAD, UNIT 107
City-St-Zip: MAITLAND, FL 32751 US

ADDITIONS/CHANGES:

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 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: ERIC SZAFARZ

MGRM

05/01/2006

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