

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

DOCUMENT # L04000090612

1. Entity Name

THIBAUT-ROBERT, LLC



4.

**FILED  
May 23, 2005 8:00 am  
Secretary of State**

04-25-2005 90103 038 \*\*\*\*50.00

30007239



1st MOORE CR2E083 (10/04)

Principal Place of Business 321 GASPARILLA STREET BOCA GRANDE FL 33921	Mailing Address P.O. BOX 2038 BOCA GRANDE FL 33921
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2. Principal Place of Business 321 Gasparilla St.	3. Mailing Address P.O. Box 2038
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Boca Grande FL	City & State Boca Grande FL
Zip 33921	Country USA
Zip 33921	Country USA

6. Name and Address of Current Registered Agent  NOVATT, JEFF M ESQ. C/O CHEFFY, PASSIDOMO, ET AL 821 FIFTH AVENUE SOUTH, SUITE 201 NAPLES FL 34102	7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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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 *Thierry de Saint Phalle Mgr*

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when restating)

DATE

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE SAINT PHALLE, THIBAUT P.O. BOX 2038 BOCA GRANDE FL 33921	<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
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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.

SIGNATURE: *Thierry de Saint Phalle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #