

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90109 049 \*\*\*\*50.00

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<b>DOCUMENT # L05000094792</b> 1. Entity Name <b>LA DUCHESSE, LLC</b>					
Principal Place of Business <b>14302 HAMPSHIRE BAY CIRCLE WINTER GARDEN, FL 34787</b>			Mailing Address <b>14302 HAMPSHIRE BAY CIRCLE WINTER GARDEN, FL 34787</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>12518 STONEYBROOK WEST PARKWAY</b> Suite, Apt. #, etc.		01082007 Chg-LLC CR2E083 (12/06)	
City & State Zip		City & State <b>WINTER GARDEN FL</b> Zip <b>34787</b>		4. FEI Number <b>03-0577080</b>	
Country		Country <b>ORANGE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>AUORE, BOSCH</b> <b>14302 HAMPSHIRE BAY CIRCLE</b> <b>WINTER GARDEN, FL 34787</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>12518 STONEYBROOK WEST PARKWAY</b> City <b>WINTER GARDEN FL</b> Zip Code <b>34787</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOSC, GERARD 14302 HAMPSHIRE BAY CIRCLE WINTER HAVEN, FL 34787		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12518 STONEYBROOK WEST PARKWAY</b> <b>WINTER GARDEN, FL 34787 - 4735</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOSC, AUORE 14302 HAMPSHIRE BAY CIRCLE WINTER HAVEN, FL 34787		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12518 STONEYBROOK WEST PARKWAY</b> <b>WINTER GARDEN, FL 34787 - 4735</b>	
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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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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date				Daytime Phone #	