

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90129 032 ****50.00

DOCUMENT # L06000000359

1. Entity Name
FRANCE BONAVENTURE, LLC



Principal Place of Business
C/O 1390 BRICKELL AVENUE, SUITE 200
MIAMI, FL 33131

Mailing Address
C/O 1390 BRICKELL AVENUE, SUITE 200
MIAMI, FL 33131

20000693



2. Principal Place of Business - No P.O. Box #

700 E DANIA BEACH BLVD

3. Mailing Address

700 E DANIA BEACH BLVD

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

202

City & State

DANIA

City & State

DANIA FL

Zip

33004

Country

Zip

33004

Country

01092007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

743155943

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASTILLO, ALVARO B P.A.
1390 BRICKELL AVENUE, SUITE 200
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME CHABOUD, CHRISTIAN
STREET ADDRESS C/O 1390 BRICKELL AVENUE, SUITE 200
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGR ☐ Delete
NAME CHABOUD, CLAUDE
STREET ADDRESS C/O 1390 BRICKELL AVENUE, SUITE 200
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 700 E DANIA BEACH BLVD # 202
CITY-ST-ZIP DANIA FL 33004

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700 E DANIA BEACH BLVD # 202
CITY-ST-ZIP DANIA FL 33004

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]

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

Date

Daytime Phone #