


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000000359</b> 1. Entity Name FRANCE BONAVENTURE, LLC	
---	---

Principal Place of Business 700 E DANIA BEACH BLVD SUITE 202 DANIA, FL 33084	Mailing Address 700 E DANIA BEACH BLVD SUITE 202 DANIA, FL 33084
---	---



02142008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 74-3155943	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  CASTILLO, ALVARO B P.A. 1390 BRICKELL AVENUE, SUITE 200 MIAMI, FL 33131	<b>DO NOT WRITE IN THIS SPACE</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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000864789  
04/07/08-80001-021 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHABOUD, CHRISTIAN 700 E DANIA BEACH BLVD SUITE 202 DANIA, FL 33084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHABOUD, CLAUDE 700 E DANIA BEACH BLVD STE 202 DANIA, FL 33084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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: CHRISTIAN CHABOUD**

03/01/08

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

Date

Daytime Phone #