


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90173 038 ****50.00

DOCUMENT # L06000049704 1. Entity Name FRANCOIS APPLIANCES, LLC					
Principal Place of Business 213 SE 2ND AVE DELRAY BEACH, FL 33445			Mailing Address 990 S CONGRESS AVE SUITE 4 DELRAY BEACH, FL 33445		
2. Principal Place of Business - No P.O. Box # 213 S.E 2ND AVE		3. Mailing Address 990 S. CONGRESS HWY			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 4			
City & State DELRAY BEACH, FL		City & State DELRAY BEACH, FL		4. FEI Number 20-4625282	
Zip 33444		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 33445		Country U.S.A		Applied For Not Applicable	
6. Name and Address of Current Registered Agent JEAN-FRANCOIS, KERVENS 990 S CONGRESS AVE SUITE 4 DELRAY BEACH, FL 33445			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 _____					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRANCOIS, JEAN ROBERT 213 SE 2ND AVE DELRAY BEACH, FL 33445 <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 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: Jean Robert Francois			05-11-2007		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

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05102007 Chg-LLC CR2E083 (12/06)