

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # L06000066188

1. Entity Name
FRENCHMAN'S RESORT HOLDING, LLC



Principal Place of Business
**1600 TOWN CENTER BLVD., SUITE C
WESTON, FL 33326**

Mailing Address
**1600 TOWN CENTER BLVD., SUITE C
WESTON, FL 33326**



01312008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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|---|--|
| 4. FEI Number 20-5814180 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

**DESIMONE, ALFRED A
1600 TOWN CENTER BLVD., SUITE C
WESTON, FL 33326**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

U000000845316
03/13/08-80034-017 138.75

9. MANAGING MEMBERS/MANAGERS

| | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DESIMONE, ALFRED A 1600 TOWN CENTER BLVD., SUITE C WESTON, FL 33326 |
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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.

SIGNATURE: X CAU

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

X 2/14/8

Date

Daytime Phone # _____