2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2008
Secretary of State

DOCUMENT# L07000096736

Entity Name: MAISON DE LA LITERIE OF WEST PALM BEACH, LLC

Current Principal Place of Business:

1016 CLEARWATER PLACE
WEST PALM BEACH, FL 33401

New Principal Place of Business:

14734 BISCAYNE BOULEVARD
NORTH MIAMI BEACH, FL 33181

Current Mailing Address:

1016 CLEARWATER PLACE
WEST PALM BEACH, FL 33401

New Mailing Address:

14734 BISCAYNE BOULEVARD
NORTH MIAMI BEACH, FL 33181

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KOEPPEL, JOEL P
1016 CLEARWATER PLACE
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

SILVERBERG & WEISS, P.A.
2665 EXECUTIVE PARK DRIVE
SUITE 2
WESTON, FL 33331 US

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.

SIGNATURE: PAUL K. SILVERBERG, ESQ. 05/22/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: M ( ) Change (X) Addition
Name: MAISON DE LA LITERIE, , USA, INC.
Address: 14734 BISCAYNE BOULEVARD
City-St-Zip: NORTH MIAMI BEACH, FL 33181

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PAUL K. SILVERBERG, ESQ. RA 05/22/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date