

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000101348

FILED
Aug 30, 2008
Secretary of State

Entity Name: FRENCH GROUP QUATER, LLC

Current Principal Place of Business:

19801 EAST COUNTRY CLUB DRIVE
4208
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

19801 EAST COUNTRY CLUB DRIVE
4208
AVENTURA, FL 33180

New Mailing Address:

C/O ZVI RAFILOVICH, CPA, PA
2229 SHERIDAN STREET
HOLLYWOOD, FL 33020

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
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:

ZVI RAFILOVICH, CPA, P.A.
2229 SHERIDAN STREET
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MEUNIER, JEAN-PHILIPPE
Address: 19801 EAST COUNTRY CLUB DRIVE #4208
City-St-Zip: AVENTURA, FL 33180

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: MEUNIER, HANA
Address: 19801 EAST COUNTRY CLUB DRIVE #4208
City-St-Zip: AVENTURA, FL 33180

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: ZVI RAFILOVICH

POA

08/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date