2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2008
Secretary of State

DOCUMENT# L07000116801

Entity Name: HERITAGE DE FRANCE LLC

Current Principal Place of Business:

2701 S. BAYSHORE DRIVE, SUITE 402
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

2701 S. BAYSHORE DRIVE, SUITE 402
MIAMI, FL 33133

New Mailing Address:

2701 S. BAYSHORE DRIVE, SUITE 402
MIAMI, FL 33133 US

FEI Number: 26-1797588 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VASSARD, NICOLAS
2701 S. BAYSHORE DRIVE, SUITE 402
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

MOYAL, PATRICK
10796 PINES BLVD
SUITE 204
PEMBROKE PINES, FL 33026 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: PATRICK MOYAL 03/18/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: VASSARD, NICOLAS
Address: 2701 S. BAYSHORE DRIVE, SUITE 402
City-St-Zip: MIAMI, FL 33133

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

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: VASSARD, NICOLAS
Address: 2701 S. BAYSHORE DRIVE, SUITE 402
City-St-Zip: MIAMI, FL 33133 US

Title: MGR ( ) Change (X) Addition
Name: VASSARD, MARIE LAURE
Address: 2701 S. BAYSHORE DRIVE SUITE 402
City-St-Zip: MIAMI, FL 33133 US

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: VASSARD NICOLAS MGR 03/18/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date