

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000073815

FILED  
Mar 21, 2009  
Secretary of State

Entity Name: LA CHAPELLE LLC

**Current Principal Place of Business:**

C/O BIBA4NETWORK - 3625N COUNTRY CLUB DR  
SUITE 2108  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

C/O KVB PARTNERS INC - 60 BROAD STREET  
SUITE 3502  
NEW YORK, NY 10004

**New Mailing Address:**

FEI Number: 26-3109034      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DE BASTOS, PAULO  
C/O BIBA4NETWORK - 3625N COUNTRY CLUB DR  
SUITE 2108  
AVENTURA, FL 33180 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: MGR ( ) Delete  
Name: DE BASTOS, PAULO  
Address: C/O BIBA4NETWORK - 3625N COUNTRY CLUB DR  
City-St-Zip: AVENTURA, FL 33180

Title: MGR ( ) Delete  
Name: FONSECA DE BASTOS, JOAO PEDRO  
Address: C/O BIBA4NETWORK - 3625N COUNTRY CLUB DR  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES:**

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

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

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: DE BASTOS      MGR      03/21/2009

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