

# **2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L96000000053

Entity Name: LES HALLES MIAMI, L.C.

**FILED**  
**Dec 16, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

2415 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

550 BILTMORE WAY  
SUITE 1120  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 65-0638007

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WEISENFELD, JOSEPH J  
550 BILTMORE WAY  
SUITE 1120  
CORAL GABLES, FL 33134 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: LAJAUNIE, PHILIPPE  
Address: 15 JOHN STREET  
City-St-Zip: NEW YORK, NY 10038

Title: MGRM (X) Delete  
Name: MEIRELLES, JOSE  
Address: 15 JOHN STREET  
City-St-Zip: NEW YORK, NY 10038

**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 for the exemption stated in Section 119.07(3)(i), 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: PHILIPPE LAJAUNIE

MGR

12/16/2004

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