

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000006098

FILED
Jan 29, 2009
Secretary of State

Entity Name: LE PARIS-PROVENCE, L.C.

Current Principal Place of Business:

530 LINCOLN ROAD
SUITE 100
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

530 LINCOLN ROAD
MIAMI BEACH, FL 33139

New Mailing Address:

530 LINCOLN ROAD
SUITE 100
MIAMI BEACH, FL 33139

FEI Number: 65-0951679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALKA, HARRY ESQ.
LEIBY STEARNS & ROBERTS, P.A.
1000 SAWGRASS CORP PKWY., STE #552
FT. LAUDERDALE, FL 33323 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: CURTAT, GILES
Address: 530 LINCOLN ROAD
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: NOUGUES, ANTHONY
Address: 1200 WEST AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: LAHMY, DAVID
Address: 530 LINCOLN ROAD SUITE 100
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

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

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: CURTAT GILES

MGRM

01/29/2009

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