

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001249

Entity Name: LE VIGNOLE, LLC

FILED
Jan 30, 2005
Secretary of State

Current Principal Place of Business:

9369 ROCKY HILLS DRIVE
MEMPHIS, TN 38018

New Principal Place of Business:

9369 ROCKY HILLS DRIVE
CORDOVA, TN 38018

Current Mailing Address:

9369 ROCKY HILLS DRIVE
MEMPHIS, TN 38018

New Mailing Address:

9369 ROCKY HILLS DRIVE
CORDOVA, TN 38018

FEI Number: 86-0995211

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCAUGHEY, COURTNEY
1725 DARTMOOR LANE
SAINT AUGUSTINE, FL 32095 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: MGR () Delete
Name: WILLIAM JAMES SIMMON, S
Address: 9369 ROCKY HILLS DRIVE
City-St-Zip: MEMPHIS, TN 38018

Title: MGR () Delete
Name: MICHEL GEORGE CANDEB, AT III
Address: 9369 ROCKY HILLS DRIVE
City-St-Zip: MEMPHIS, TN 38018

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WILLIAM JAMES SIMMON, S
Address: 9369 ROCKY HILLS DRIVE
City-St-Zip: CORDOVA, TN 38018

Title: MGR (X) Change () Addition
Name: MICHEL GEORGE CANDEB, AT III
Address: 9369 ROCKY HILLS DRIVE
City-St-Zip: CORDOVA, TN 38018

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: WILLIAM JAMES SIMMONS

MGR

01/30/2005

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