

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000014606

FILED
Sep 01, 2004
Secretary of State

Entity Name: CABAN CONCEPTS, LLC

Current Principal Place of Business:

130 WINDWARD WAY
INDIAN HARBOUR BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

130 WINDWARD WAY
INDIAN HARBOUR BEACH, FL 32937

New Mailing Address:

FEI Number: 04-3691356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CABAN, KARLA J
130 WINDWARD WAY
INDIAN HARBOUR BEACH, FL 32937

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: CABAN, JOHN J
Address: 130 WINDWARD WAY
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: MGRM () Delete
Name: CABAN, KARLA J
Address: 130 WINDWARD WAY
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: MGRM () Delete
Name: CABAN, JOHN B
Address: 3802 STREAM DR.
City-St-Zip: MELBOURNE, FL 32940

Title: MGRM () Delete
Name: CABAN, SASCHA C
Address: 130 WINDWARD WAY
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: MGRM () Delete
Name: CABAN, BRETT B
Address: 130 WINDWARD WAY
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: MGRM () Delete
Name: CABAN, HEATHER S
Address: 3802 STREAM DR.
City-St-Zip: MELBOURNE, FL 32940

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:

Title: () Change () Addition
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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 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: KARLA J CABAN

MGRM

09/01/2004

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