

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000069078

Entity Name: RETAIL CONCEPTS LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

1201 BRICKELL AVENUE, SUITE 220
MIAMI, FL 33131

New Principal Place of Business:

2929 SW THIRD AVENUE STE 330
MIAMI, FL 331292710 US

Current Mailing Address:

1201 BRICKELL AVENUE, SUITE 220
MIAMI, FL 33131

New Mailing Address:

2929 SW THIRD AVENUE STE 330
MIAMI, FL 331292710 US

FEI Number: 06-1754659 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WAYNE, GEOFFREY M
1201 BRICKELL AVENUE, SUITE 220
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

WAYNE, GEOFFREY M
2929 SW THIRD AVENUE STE 330
MIAMI, FL 331292710 US

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

05/01/2009

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GIL-MARTINS, JIMMY A
Address: 1201 BRICKELL AVENUE, SUITE 220
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GIL-MARTINS, JIMMY A
Address: 2929 SW THIRD AVENUE STE 330
City-St-Zip: MIAMI, FL 331292710 US

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: JIMMY A. GIL-MARTINS

MGRM

05/01/2009

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