


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000003327

1. Entity Name
CONCEPT PRINTING, L.L.C.



Principal Place of Business 10330 USA TODAY WAY MIRAMAR, FL 33025	Mailing Address 10330 USA TODAY WAY MIRAMAR, FL 33025
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DO NOT WRITE IN THIS SPACE



01202005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0924609	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

B. Name and Address of Current Registered Agent

BLOOM, KENNETH M
1401 BRICKELL AVENUE STE 700
MIAMI, FL 33131

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM LEVINE, ROSARIO A 9700 S.W. 67TH AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM LYON-WEAD, DIANE A 4321 N.W. 3RD STREET COCONUT CREEK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM LYON, ROBERT A 3070 ST JAMES DRIVE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM PARDO, NADJA D 4285 S.W. 152ND AVENUE MIRAMAR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEAD, MICHAEL W 4321 NW 3RD STREET POMPANO BEACH, FL 33066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 - 01/25/05-80095-013 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Diane Lyon Wead 1/20/05 954 438 9160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #