2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003849

1. Entity Name
CONCEPT PARTNERS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 16 PM 12:24

Principal Place of Business
902 GUISANDO DE AVILA
TAMPA FL 33613

Mailing Address
902 GUISANDO DE AVILA
TAMPA FL 33613-1059

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITTEMORE, DONALD H ESQUIRE
400 NORTH TAMPA STREET, SUITE 2630
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name James J. Woodside III
Street Address (P.O. Box Number is Not Acceptable) 902 Guisando de Avila
City Tampa FL Zip Code 33613

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.

SIGNATURE James J. Woodside III 2/14/00
Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM J.T. INVESTMENTS, INC. 902 GUISANDO DE AVILA TAMPA FL 33613 [ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition mf 2/24/00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition 100003148761--3 -02/28/00--01016--007 *****50.00 *****50.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: SIGNATURE REQUIRED 2-14-00 813-265-9652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)