


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2007 08:00 A
Secretary of State

DOCUMENT # L01000002492 1. Entity Name PAPA CONCH, LLC	
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Principal Place of Business 19 W. FLAGLER ST #1212 MIAMI, FL 33130	Mailing Address 19 W. FLAGLER ST #1212 MIAMI, FL 33130
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DO NOT WRITE IN THIS SPACE



01082007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1151469	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BARKET, TIMOTHY K 19 W. FLAGLER ST #1212 MIAMI, FL 33130
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entry 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

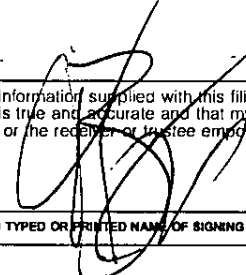
**Filing Fee is \$50.00
Due by May 1, 2007**

U00000637126
02/25/07-80049-002 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARKET, TIMOTHY K 19 WEST FLAGLER STREET, SUITE 1212 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARKET, MICHAEL G 19 WEST FLAGLER STREET, SUITE 1212 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOMBLEY, JILL M 19 WEST FLAGLER STREET, SUITE 1212 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **2/13/07 305-373-6711**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #