2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# L01000002492

Entity Name: PAPA CONCH, LLC

Current Principal Place of Business:

19 W. FLAGLER ST
#1212
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

19 W. FLAGLER ST
#1212
MIAMI, FL 33130

New Mailing Address:

FEI Number: 65-1151469 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARKET, TIMOTHY K
19 W. FLAGLER ST
#1212
MIAMI, FL 33130 US

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/MANAGERS:

Title:	MGR	( ) Delete
Name:	BARKET, TIMOTHY K	
Address:	19 WEST FLAGLER STREET, SUITE 1212	
City-St-Zip:	MIAMI, FL 33130	
Title:	MGR	( ) Delete
Name:	BARKET, MICHAEL G	
Address:	19 WEST FLAGLER STREET, SUITE 1212	
City-St-Zip:	MIAMI, FL 33130	
Title:	MGR	( ) Delete
Name:	TOMBLEY, JILL M	
Address:	19 WEST FLAGLER STREET, SUITE 1212	
City-St-Zip:	MIAMI, FL 33130	

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:	

I hereby certify that the information supplied with this filing does not qualify for the 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: TIMOTHY K BARKET MGR 04/28/2006

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