

* AMENDED *

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED

01-15-2003 90046 048 *****50:00

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

20007101

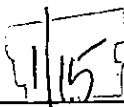
MJH

DOCUMENT #	1. Entity Name
	ALL CONCEPTS LLC L 01000018320



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
511 BOARDMAN DR Suite, Apt. #, etc.	511 BOARDMAN DR Suite, Apt. #, etc.
City & State PUNTA GORDA FL	City & State PUNTA GORDA FL
Zip 33950	Zip 33950
Country USA	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
593759540	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required
<input type="checkbox"/>	

7. Name and Address of Current Registered Agent
Name LINDA ELLIS
Street Address (P.O. Box Number is Not Acceptable) 511 BOARDMAN DR
City PUNTA GORDA FL
Zip Code 33950

**DO NOT WRITE
IN THIS SPACE**

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 Linda Ellis 1/10/03
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER CHRIS ELLIS 511 BOARDMAN DR PUNTA GORDA, FL 33950	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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: Linda Ellis 1/10/03 941-639-6595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)