


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90272 013 ****50.00

DOCUMENT # L01000018807

1. Entity Name
ADVANCE CONCEPTS, L.C.



Principal Place of Business Mailing Address
~~2200 LUCIEN WAY SUITE 280~~ ~~2200 LUCIEN WAY SUITE 280~~
~~MAITLAND FL 32751~~ ~~MAITLAND FL 32751~~

2. Principal Place of Business 3. Mailing Address
1060 Maitland Center Commons **1060 Maitland Center Commons**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
365 (Suite) **365 (Suite)**

City & State City & State
Maitland, FL **Maitland, FL**
 Zip Zip Country Country
32751 **32751** **orange** **Orange**



MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent
HABAS, LEONARD H
~~2200 LUCIEN WAY SUITE 280~~
~~MAITLAND FL 32751~~
1060 Maitland Center Commons Ste 365
Maitland, FL 32751

4. FEI Number Applied For
59-3314961 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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: *Leonard H Habas* DATE: 2/13/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

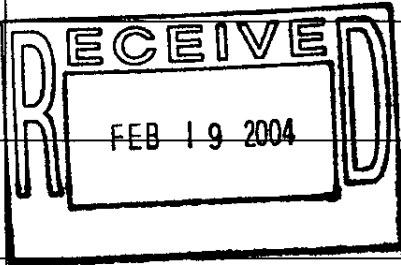
FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HABAS, LEONARD H 713 VIA LUGANO WINTER PARK FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVECCHIO, ANTHONY J 1706 CARMEL DRIVE PLANO TX 75075	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRESGE, CARY JR 2045 SUMMERLAND AVENUE WINTER PARK FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MULHARE, EDWARD A 686 WESTVIEW COURT RIVER EDGE NJ 07661	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RESANOVICH, MILAN 21 ROBIN HOOD LANE CHATHAM NJ 07928	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Leonard H Habas* DATE: 2/13/04 DAYTIME PHONE #: 407-916-1950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #