

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001537

Entity Name: CONCEPT STUDIOS LLC

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

611 NORTH FRANKLIN STREET
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

611 NORTH FRANKLIN STREET
TAMPA, FL 33602

New Mailing Address:

FEI Number: 01-0591059

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, DAVID ESQ.
100 NORTH TAMPA STREET
SUITE 3500
TAMPA, FL 33602 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: SMITH, EDWARD A III
Address: 611 NORTH FRANKLIN STREET
City-St-Zip: TAMPA, FL 33602 US

Title: MGR () Delete
Name: SCHNIEDERS, BRIAN J
Address: 611 NORTH FRANKLIN STREET
City-St-Zip: TAMPA, FL 33602 US

Title: MGR () Delete
Name: CLARO, JORGE H
Address: 611 NORTH FRANKLIN STREET
City-St-Zip: TAMPA, FL 33602 US

Title: MGRM () Delete
Name: HEALY, ROBERT W
Address: 611 NORTH FRANKLIN STREET
City-St-Zip: TAMPA, FL 33602 US

Title: MGR () Delete
Name: STOREY, BRENDA
Address: 611 NORTH FRANKLIN STREET
City-St-Zip: TAMPA, FL 33602 US

Title: MGR () Delete
Name: CHRISTOPHER, BOWERS
Address: 611 NORTH FRANKLIN STREET
City-St-Zip: TAMPA, FL 33602 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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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: BRIAN SCHNIEDERS

MGR

04/28/2006

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