2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000003339

1. Entity Name
CONCEPTS GROUP, LLC

Principal Place of Business	Mailing Address
465 MAITLAND AVE	465 MAITLAND AVE
ALTAMONTE SPRINGS, FL 32701	ALTAMONTE SPRINGS, FL 32701

DO NOT WRITE IN THIS SPACE

03192004No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
33-0993347	Not Applicable

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

6. Name and Address of Current Registered Agent

VALDES MARTIN, MIRTHA
465 MAITLAND AVE
ALTAMONTE SPRINGS, FL 32701

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2004

U00000095381
03/24/04-80030-010 50.00

9.	MANAGING MEMBERS/MANAGERS		
TITLE	P		
NAME	ROUDE, GUILLERMO		
STREET ADDRESS	465 MAITLAND AVE		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701		
TITLE	VP		
NAME	RODRIGUEZ, J. ALFREDO		
STREET ADDRESS	465 MAITLAND AVE		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701		
TITLE			
NAME			
STREET ADDRESS			
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NAME			
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CITY-ST-ZIP			

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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: _____Guillermo Roude_____ 3/19/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #