2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)

DOCUMENT # L02000005533

1. Entity Name

MODULAR CONCEPTS, LLC

FILED
Feb 06, 2006 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
4710 BOCA RATON BLVD. SUITE 400 BOCA RATON FL 33431	4710 BOCA RATON BLVD. SUITE 400 BOCA RATON FL 33431

2. Principal Place of Business	3. Mailing Address
Suite, Apt #. etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

1st MOORE   CR2E083 (10/05)

4. FEI Number   13-4249449 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAZARD, RICHARD 4710 BOCA RATON BLVD. SUITE 400 BOCA RATON FL 33431	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 _____

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

..FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS	10.	ADDITIONS / CHANGES
TITLE MGRM ☐ Delete NAME JAMESTOWN METAL MARLINE SALES, INC. STREET ADDRESS 4710 NW SECOND AVE CITY-ST-ZIP BOCA RATON FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000423360 ☐ Change ☐ Addn 02/18/06-80004-023 50.00
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addn
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addn
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TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addn

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____

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