

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90140 037 ****55.00

DOCUMENT # L02000006924

1. Entity Name
CONCEPT LAS PALMAS, L.L.C.



Principal Place of Business
**1318 N OCEAN DRIVE
 HOLLYWOOD, FL 33019**

Mailing Address
**1318 N OCEAN DRIVE
 HOLLYWOOD, FL 33019**

240639103



DO NOT WRITE IN THIS SPACE

04012004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
03-0473701

Applied For
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CASE, DEBRA
 1318 N OCEAN DRIVE
 HOLLYWOOD, FL 33019**

**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

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**

9. MANAGING MEMBER(S) / MANAGERS

TITLE	VP
NAME	PROVENZANO, ANTHONY
STREET ADDRESS	221 NICHOLS STREET
CITY-ST-ZIP	CARMEL, NY 10512
TITLE	ST
NAME	BABRADILLO, RICHARD
STREET ADDRESS	87 WASHINGTON AVE
CITY-ST-ZIP	GARDEN CITY, NY
TITLE	P
NAME	MANETTA, ANTHONY
STREET ADDRESS	144-58 SOUTH DRIVE
CITY-ST-ZIP	MALBA, NY
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/31/04

Date

Daytime Phone #