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

04012004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

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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

9. MANAGING MEMBERS/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	
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: D Case 3/31/04

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