


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2008 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



02012008No Chg-LLC CR2E083 (12/07)

4. FEI Number 03-0473701	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CESARE, MANDELLI
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

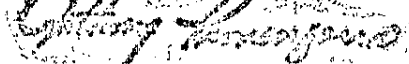
U00000835503
 02/29/08-80037-024 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PROVENZANO, ANTHONY 221 NICHOLS STREET CARMEL, NY 10512
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BABRADILLO, RICHARD 87 WASHINGTON AVE GARDEN CITY, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANETTA, ANTHONY 144-58 SOUTH DRIVE MALBA, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CESARE, MANDELLI 1318 NORTH OCEAN DR HOLLYWOOD, FL 33019
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 exemptions contained in Chapter 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:  **2/18/08** **954-929-0550**

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