2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)

DOCUMENT # L02000013413

1. Entity Name

CONCH PARTNERS, LLC

Principal Place of Business	Mailing Address
91951 OVERSEAS HIGHWAY TAVERNIER FL 33070	91951 OVERSEAS HIGHWAY TAVERNIER FL 33070

1st MOORE   CR2E083 (10/04)

2. Principal Place of Business *121- OCEAN DRIVR -*	3. Mailing Address *121 OCEAN PRIUR -*		
Suite, Apt. #, etc. *APT #5*	Suite, Apt. #, etc. *APT #5*	4. FEI Number 01-0761241	Applied For / Not Applicable
City & State *TAVERNIER-FL-*	City & State *TAVERUIRR-FL-*		
Zip *33070* Country	Zip *33070* Country	5. Certificate of Status Desired ☐	**$5.00** Additional Fee Required

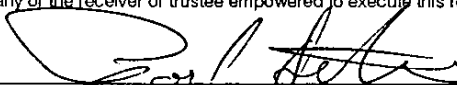| 6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HORTON, PAUL 91951 OVERSEAS HIGHWAY TAVERNIER FL 33070	Name *HORTON PAUL* Street Address (P.O. Box Number is Not Acceptable) *121 OCEAN PRIUR -* City *TAVERNIER* FL Zip Code *33070*

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 _____   *3/5/05*
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, 2005

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE P NAME HORTON, PAUL STREET ADDRESS 506 GEIGER CRL CITY-ST-ZIP KEY LARGO FL 33037	☐ Delete	TITLE P NAME *HORTON PAUL* STREET ADDRESS *121-OCEAN PRIUR -* CITY-ST-ZIP *TAVERNIER FL. 33070*	☐ Change ☐ Addition
TITLE V NAME WILLSON, GEORGE STREET ADDRESS 91951 OVERSEAS ARCHWAY CITY-ST-ZIP TAVERNIER FL 33020	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____   *PAUL HORTON   3/5/05   1-267-304*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #   *0139*