2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000014777

1. Entity Name
CONCEPT ONE REALTY HOLDINGS, LLC

Principal Place of Business	Mailing Address
1791 BLOUNT ROAD UNITS 604 AND 605 POMPANO BEACH, FL 33069	1791 BLOUNT ROAD UNITS 604 AND 605 POMPANO BEACH, FL 33069

DO NOT WRITE IN THIS SPACE

03272004No Chg-LLC CR2E083 (10/03)

4. FEI Number
26-1822328
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LICKSTEIN, FRED K ESQ
100 SE 2ND STREET, 17TH FL
MIAMI, FL 33131

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

Filing Fee is $50.00
Due by May 1, 2004

U00000111851
04/13/04-80037-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LUNDY, MARK
STREET ADDRESS	1791 BLOUNT ROAD, UNITS 604 AND 605
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	MGRM
NAME	SCHENKER, SCOTT
STREET ADDRESS	1791 BLOUNT ROAD, UNITS 604 AND 605
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/9/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #