2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000014777

1. Entity Name



FILED Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90023 046 ****50.00

CONCEP	T ONE REALTY HOLDINGS, I	TTC							
Principal Pla	ice of Business	Mailing Address	 .						
100 SE 2ND STREET, 17TH FL MIAMI FL 33131		100 SE 2ND STREET. 17TH FL MIAMI FL 33131							
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2. Principal Place of Business 1791 Blount Road		3. Mailing Address							
Suite, Apt. #, etc.		1791 Blount Road							
Units 604 and 605		Suite, Apt. #, etc.			🗆	CHECK HER	E IF MAKING	CHANGES	3
City & Sta		City & State	605		4 55111		·····	1 12	
Pompano Beach, Florida		Pompano Beach, Florida				-2328		-	· · · · · · · · · · · · · · · · · · ·
Zip	Country	Zip	Country						* :
33069	Broward	33069	Broward		5. Certificate of S	Status Desired			
	6. Name and Address of Current	Registered Agent	didress count Road ## etc. O4 and 605 Beach, Florida Country Broward For Required To Name and Address of New Registered Agent North Registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept agent to grow a special part of the pue by May 1, 2003 The North Registered Agent agrupture recurred when reneatating) FILE NOW!!! FEE IS \$5.00 ack Payable to Florida Department of State Due By May 1, 2003 The North Registered Agent agrupture recurred when reneatating and the pue by May 1, 2003 The North Registered Agent agrupture recurred when reneatating and the pue by May 1, 2003 The North Registered Agent agrupture recurred when reneatating and the pue by May 1, 2003 The North Registered Agent agrupture recurred when reneatating agrupture recurred agent agrupture agrupture agrupture agrupture recurred agent agrupture agrupt						
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100	SE 2ND STREET, 17TH FL MI FL 33131		Street /	Address (F	P.O. Box Number is	Not Acceptab	le)		
14167	MI 1 L 50101								,
			City				FL	Zip Coo	le
8. The above the obliga	e named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered office o	or registere	ed agent, or both, in	the State of F	lorida. I am fa	miliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signa	ture required s	when reinstating)		DATE	·	
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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 employeered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAGER, OR AUTHORIZED REPRESENTATIVE