



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90114 046 ****50.00

DOCUMENT # L02000019323 1. Entity Name MAISON CONCIERGE, L.L.C.					
Principal Place of Business 22391 CAMEN DRIVE, E. Cameo BOCA RATON, FL 33433			Mailing Address Cameo 22391 CAMEN DRIVE, E. BOCA RATON, FL 33433		
2. Principal Place of Business 22391 Cameo Dr. E. Suite, Apt. #, etc.		3. Mailing Address 22391 Cameo Dr. E. Suite, Apt. #, etc.			
City & State _____		City & State _____		02012005 Chg-LLC CR2E083 (10/03)	
Zip _____		Zip _____		4. FEI Number 32-0027790	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HIGH, STACEY L 875 E. CAMINO REAL, #15 E BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name Cheryl L. Hartman Street Address (P.O. Box Number is Not Acceptable) 22391 Cameo Dr. E. City BOCA RATON FL Zip Code 33433		
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 <u>Cheryl L. Hartman</u> Cheryl L. Hartman, MGR. <u>2-1-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HIGH, STACEY L 875 E. CAMINO REAL, #15 E BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. Hartman, Cheryl L. 22391 Cameo Dr E. BOCA RATON, FL 33433	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Cheryl L. Hartman</u> Cheryl L. Hartman <u>2-1-05</u> <u>7462</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>2-1-05</u> Daytime Phone # <u>561-620</u>		