2004 LIMITED LIABILITY COMPANY ANNUAL REPORT



CONCEPT INDU	· · · · · · · · · · · · · · · · · · ·			7				
Principal Place of Business 901 SOUTH ORLEANS TAMPA, FL 33606		Mailing Address 901 SOUTH ORLEANS TAMPA, FL 33606			·			
2. Principal Place of Bus	iness	3. Mailing Address	* ::					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01142004	4 Chg-LLC CR2E083 (10/03)			
City & State		City & State		4. FEI Num	ber		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certifica	ite of Status Desired	□ \$5.00 Ad Fee Requin		
6. Nam	e and Address of Current I	Registered Agent	Name	7. Name a	nd Address of New F			
WILLIAMS, STEVEN A 101 EAST KENNEDY BLVD., SUITE 3700				Street Address (P.O. Box Number is Not Acceptable)				
TAMPA, FL 33602								
			City			FL Zip Coo	de	
Filing Fee	is \$50.00 and the state of a second of the state of the s		E: Registered Agent signature req - 6-56 92 (6-56) (5-56) (5-56) 6-56 (6-56) (6-56) (6-56) - 6-66 (6-56) (6-56) (6-56) - 6-66 (6-56) (6-56) (6-56) - 6-66 (6-56) (6-56) (6-56) (6-56) (6-56) - 6-66 (6-56) (6-56) (6-56) (6-56) (6-56) (6-56) (6-56) (6-56) (6-56) (6-56) (6-56) (6-56) (6-56) (6-56) (6-56) (6-56) (6-56) (6-56) (6-56) (6-56) (6-56) (6-56) (6-56) (6-56) (6-56) (6-56) (6-		The Policy Florid	ce check payable to a Department of Sta	तेना श्री क्रम वि कित्यकारक स	
1.95/2930/901 1.95/2930/901	MANAGING MEMBE	I RS/MANAGERS	10.		ADDITIONS	/CHANGES		
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indicated on this rep limited liability comp	the information supplied with bort is true and accurate and sany or the receiver or truster	that my signature shall have empowered to execute this	the same legal effect as	if made under o	ath; that I am a mana	I further certify that the ging member or manag	information er of the	