


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

**FILED
Jan 28, 2008 08:00 A
Secretary of State**

DOCUMENT # L03000023248	
1. Entity Name CONCEPT CENTER, LLC	

Principal Place of Business 924 BAYSIDE BLUFF ROAD JACKSONVILLE FL 32259	Mailing Address 924 BAYSIDE BLUFF ROAD JACKSONVILLE FL 32259
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E083 (10/07)

4. FEI Number 65-1194641	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FALCONER, DIANE L 924 BAYSIDE BLUFF ROAD JACKSONVILLE FL 32259	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 _____ (NOTE: Registered Agent's signature required when registering) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FALCONER, DIANE 924 BAYSIDE BLUFF RD. JACKSONVILLE FL 32059 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000804008 02/05/08-80048-024 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000804008 02/05/08-80048-025 5.00
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 60B, Florida Statutes.

SIGNATURE: Diane J. Falconer Diane L. Falconer 1/22/08 904-287-9504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Contact Person