

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Mar 06, 2009
Secretary of State**

DOCUMENT# L03000023248

Entity Name: CONCEPT CENTER, LLC

Current Principal Place of Business:

924 BAYSIDE BLUFF ROAD
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

924 BAYSIDE BLUFF ROAD
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 65-1194641 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FALCONER, DIANE L
924 BAYSIDE BLUFF ROAD
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: FALCONER, DIANE
Address: 924 BAYSIDE BLUFF RD.
City-St-Zip: JACKSONVILLE, FL 32059

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: FALCONER, DIANE
Address: 924 BAYSIDE BLUFF RD.
City-St-Zip: JACKSONVILLE, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DIANE L. FALCONER

P

03/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date