
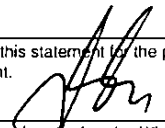
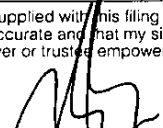


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90416 044 ****50.00

DOCUMENT # L03000037528 1. Entity Name DIVERSIFIED CONCEPTS, LLC			
Principal Place of Business 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237		Mailing Address 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237	
2. Principal Place of Business 1700 Ben Franklin Dr. Suite, Apt. #, etc. 12-D City & State Sarasota FL Zip 34236 Country USA		3. Mailing Address P O Box 1753 Suite, Apt. #, etc. City & State Lawrence KS Zip 66044 Country USA	
4. FEI Number 20-0314427		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		02062006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent PFLUGNER, J. GEOFFREY 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237		7. Name and Address of New Registered Agent Name J.E. SANTAUULARIA Street Address (P.O. Box Number is Not Acceptable) 1700 Ben Franklin DR 12-D City Sarasota FL Zip Code 34236	
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  DATE 02/17/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME PFLUGNER, J. GEOFFREY STREET ADDRESS 2033 MAIN STREET, SUITE 600 CITY-ST-ZIP SARASOTA, FL 34237	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MGR NAME SANTAULARIA, J E STREET ADDRESS P. O. BOX 1753 CITY-ST-ZIP LAWRENCE, KS 66044	<input type="checkbox"/> Delete	TITLE MGRM NAME STREET ADDRESS 1700 Ben Franklin DR 12-D CITY-ST-ZIP Sarasota, FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MGR NAME SANTAULARIA, DONNA STREET ADDRESS P. O. BOX 1753 CITY-ST-ZIP LAWRENCE, KS 66044	<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
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
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 608, Florida Statutes.			
SIGNATURE: 		Date 02/17/06 Daytime Phone # (785) 749-0000	