2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 17, 2006
Secretary of State

DOCUMENT# L04000008954

Entity Name: MARKETING CONCEPTS, LLC

Current Principal Place of Business:

2655 LEJEUNE RD, STE 528
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2655 LEJEUNE RD, STE 528
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-0888801 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HART, BRIAN A
2333 PONCE DE LEON BOULEVARD
SUITE 303
CORAL GABLES, FL 331340000 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:	HOLLANDER, SAMUEL	
Address:	2055 LESEVER ROAD, SUITE 528	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	MGRM	( ) Delete
Name:	KOVAC, DENISE	
Address:	331 OLD KINGS HIGHWAY	
City-St-Zip:	DOWNINGTOWN, PA 19335	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: SAMUEL HOLLANDER   9   05/17/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date