



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 13, 2005 8:00 am**  
**Secretary of State**

01-13-2005 90015 025 \*\*\*\*50.00

<b>DOCUMENT # L04000010467</b> 1. Entity Name <b>CONCIERGE PROFESSIONALS OF FLORIDA LLC</b>					
Principal Place of Business <b>1720 SEA SHELL DR MERRITT ISLAND, FL 32952</b>				Mailing Address <b>1720 SEA SHELL DR MERRITT ISLAND, FL 32952</b>	
2. Principal Place of Business <b>190 Seminole Lane Suite, Apt. #, etc. #401</b>		3. Mailing Address <b>190 Seminole Lane Suite, Apt. #, etc. #401</b>			
City & State <b>Cocoa Beach, FL</b>		City & State <b>Cocoa Beach, FL</b>		4. FEI Number <b>34-1979094</b>	
Zip <b>32931</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BUSINESS FILINGS INCORPORATED 660 E JEFFERSON ST TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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 signature required when reinstating) DATE _____					
<b>Filing Fee Is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE <b>President</b> <input type="checkbox"/> Delete NAME <b>MARY F. HIGHT</b> STREET ADDRESS <b>190 SEMINOLE LANE #401</b> CITY-ST-ZIP <b>COCOA BEACH, FL 32931</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE <b>Vice President</b> <input type="checkbox"/> Delete NAME <b>JAMES A. HARRIS</b> STREET ADDRESS <b>190 SEMINOLE LANE #401</b> CITY-ST-ZIP <b>COCOA BEACH, FL 32931</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <i>Mary F. Hight</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>1-10-05 321-698-2838</b> <small>Date Daytime Phone #</small>		