

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000011632

FILED
May 01, 2005
Secretary of State

Entity Name: INTEGRATED CONCEPTS LLC

Current Principal Place of Business:

844 JEFFERSON AVE, STE 1
MIAMI BEACH, FL 33139

New Principal Place of Business:

1786 NW 19TH ST
HOMESTEAD, FL 33030

Current Mailing Address:

844 JEFFERSON AVE, STE 1
MIAMI BEACH, FL 33139

New Mailing Address:

1786 NW 19TH ST
HOMESTEAD, FL 33030

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

FELICIANO, MICHELLE A
844 JEFFERSON AVE, STE 1
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

FELICIANO, MICHELLE A
1786 NW 19TH ST
HOMESTEAD, FL 33030 US

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:

05/01/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: FELICIANO, CESAR E
Address: 1786 NW 19TH ST
City-St-Zip: HOMESTEAD, FL 33030

Title: MGRM () Delete
Name: FELICIANO, CESAR N
Address: 1786 NW 19TH ST
City-St-Zip: HOMESTEAD, FL 33030

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 Section 119.07(3)(i), 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: MICHELLE FELICIANO

MGRM

05/01/2005

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