

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000023329

FILED
Jan 05, 2005
Secretary of State

Entity Name: FLORIDA CONCESSION SERVICES, LLC

Current Principal Place of Business:

1889 SW KIMBERLY AVENUE
PORT SAINT LUCIE, FL 34953 US

New Principal Place of Business:

PO BOX 880253
PORT SAINT LUCIE, FL 34988 US

Current Mailing Address:

PO BOX 880253
PORT SAINT LUCIE, FL 34988 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

GELBKE, MARC
1889 SW KIMBERLY AVENUE
PORT SAINT LUCIE, FL 34953 US

Name and Address of New Registered Agent:

GELBKE, MARC
PO BOX 880253
PORT SAINT LUCIE, FL 34983 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: MARC GELBKE

01/05/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GELBKE, MARC
Address: 1889 SW KIMBERLY AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GELBKE, MARC
Address: PO BOX 880253
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

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: MARC GELBKE

PRES

01/05/2005

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