

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 26, 2006 8:00 am
Secretary of State

05-26-2006 90127 002 ****50.00

DOCUMENT # L04000064875

1. Entity Name
CONCH HOLDINGS, LLC



Principal Place of Business
**365 TAFT-VINELAND ROAD
SUITE 105
ORLANDO, FL 32824**

Mailing Address
**365 TAFT-VINELAND ROAD
SUITE 105
ORLANDO, FL 32824**

20046643



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182006 Chg-LLC CR2E083 (11/05)

4. FEI Number

20-1568199

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOUST, KATHLEEN M
17 S ORLANDO AVENUE
KISSIMMEE, FL 34741**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
RUSSELL, JOHN H
2645 CHEROKEE ROAD
ST. CLOUD, FL 34772** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
RUSSELL, JOHN B
2645 CHEROKEE ROAD
ST. CLOUD, FL 34772** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MADISON, PETER D
4908 OAK ISLAND ROAD
ORLANDO, FL 32809** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
CHALIFOUX, DEBBE R
3325 S. INDIANA AVENUE
ST. CLOUD, FL 34769** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
Chalifoux Debbie R.
6105 Lake Lizzie Dr.
St. Cloud, FL 34771** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
ROBERTS, CHARLES F
5585 2ND AVE.
KEY WEST, FL 33040** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Debbie R. Chalifoux Mgr. **4/19/06** **407/908-5732**