

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 08:00 A
Secretary of State

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



04162007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. MANAGING MEMBERS/MANAGERS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CHALIFOUX, DEBBE R
6105 LAKE DIZZIE DR.
ST. CLOUD, UT 84771

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000759659
05/24/07-80051-010 50.00

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

4/30/07

Date

407-908-5732

Business Phone