

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
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



03202008 No Chg-LLC

CR2E083 (12/07)

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)

04/11/08-80001-015 138.75

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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

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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

Date

Daytime Phone #

3/27/08 407-908-5732