

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90035 001 ****50.00

DOCUMENT # L04000074159					
1. Entity Name CONCH CRUISER, LLC					
Principal Place of Business 4908 OAK ISLAND ROAD ORLANDO, FL 32809			Mailing Address 4908 OAK ISLAND ROAD ORLANDO, FL 32809		
2. Principal Place of Business 5511 HANSEL AVE. Suite, Apt. #, etc.		3. Mailing Address 5511 HANSEL AVE. Suite, Apt. #, etc.			
City & State ORLANDO, FL		City & State ORLANDO, FL		4. FEI Number 57-1176589	
Zip 32809		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MADISON, PETER 4908 OAK ISLAND ROAD ORLANDO, FL 32809			7. Name and Address of New Registered Agent Name: DOUGLAS R. RUSSELL Street Address (P.O. Box Number is Not Acceptable): 5511 HANSEL AVE. City: ORLANDO FL Zip Code: 32809		
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: DOUGLAS R. RUSSELL (Signature) DATE: 4/10/06					
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 MGRM NAME HOOKER, MARCUS STREET ADDRESS 5511 HANSEL AVENUE CITY-ST-ZIP ORLANDO, FL 32809	<input type="checkbox"/> Delete		TITLE MGRM NAME DOUGLAS P. HOOKER STREET ADDRESS 5511 HANSEL AVE. CITY-ST-ZIP ORLANDO, FL 32809	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE MGRM NAME MADISON, PETER STREET ADDRESS 4908 OAK ISLAND ROAD CITY-ST-ZIP ORLANDO, FL 32809	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME AGOSTO, MICHAEL STREET ADDRESS 189 JAMAICA LANE CITY-ST-ZIP ORLANDO, FL 32809	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME O'HARA, DONALD STREET ADDRESS 1590 WATERWITCH DRIVE CITY-ST-ZIP ORLANDO, FL 32806	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME RUSSELL, DOUGLAS R STREET ADDRESS 11507 NORTH SHORE GOLF CLUB BLVD CITY-ST-ZIP ORLANDO, FL 32832	<input type="checkbox"/> Delete		TITLE MGRM NAME DOUGLAS R. RUSSELL STREET ADDRESS 5511 HANSEL AVE. CITY-ST-ZIP ORLANDO, FL 32809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME SECRIST, ROBERT L III STREET ADDRESS 11507 NORTH SHORE GOLF CLUB BLVD CITY-ST-ZIP ORLANDO, FL 32832	<input type="checkbox"/> Delete		TITLE MGRM NAME ROBERT L. SECRIST, III STREET ADDRESS 5511 HANSEL AVE. CITY-ST-ZIP ORLANDO, FL 32809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: DOUGLAS R. RUSSELL (Signature)			4/10/06		407-509-8484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #