

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000074159



1. Entity Name
CONCH CRUISER, LLC

Principal Place of Business

**1570 LAKE BALDWIN LN
SUITE A
ORLANDO, FL 32814**

Mailing Address

**1570 LAKE BALDWIN LN
SUITE A
ORLANDO, FL 32814**



02142008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1176589

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RUSSELL, DOUGLAS R
1570 LAKE BALDWIN LN
SUITE A
ORLANDO, FL 32814**

**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 _____

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

1100000831514
02/27/08-90021-023 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HOOKER, MARCUS
STREET ADDRESS	5511 HANSEL AVENUE
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	MGRM
NAME	HOOKER, DOUGLAS P
STREET ADDRESS	5511 HANSEL AVE
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	MGRM
NAME	O'HARA, DONALD
STREET ADDRESS	1590 WATERWITCH DRIVE
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	MGRM
NAME	RUSSELL, DOUGLAS R
STREET ADDRESS	1570 LAKE BALDWIN LN SUITE A
CITY-ST-ZIP	ORLANDO, FL 32814
TITLE	MGRM
NAME	SECRIST, ROBERT L III
STREET ADDRESS	1570 LAKE BALDWIN LN SUITE A
CITY-ST-ZIP	ORLANDO, FL 32814
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 #

Douglas R. Russell

2/14/08

407-218-7011