

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000043031	
1. Entity Name RETIREMENT CONCEPTS, LLC	
Principal Place of Business 470 S.W. 63RD STREET RD. OCALA, FL 34474 US	Mailing Address 470 S.W. 63RD STREET RD. OCALA, FL 34474 US



01172008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3335735	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> - \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent NEWELL, PAUL D 260A LAWRENCE BLVD. SUITE 201 KEYSTONE HEIGHTS, FL 32656	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating)

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

000000788924
01/23/08-80014-002 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EDWARDS, STEVEN M 470 S.W. 63RD STREET RD. OCALA, FL 34474
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**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: Steven M. Edwards 1/17/08 352-854-6266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #