

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000064493

**FILED**  
**Sep 06, 2006**  
**Secretary of State**

**Entity Name:** EXCEPTIONAL MANAGEMENT CONCEPTS, LLC

**Current Principal Place of Business:**

5140 KIRKWOOD TRAIL  
TITUSVILLE, FL 32780

**New Principal Place of Business:**

**Current Mailing Address:**

3235 GARDEN STREET STE. B, #113  
TITUSVILLE, FL 32796

**New Mailing Address:**

**FEI Number:** 20-3136164      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LYLO, DIONE B  
3410 KIRBY DRIVE  
TITUSVILLE, FL 32796      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** LYLO, DIONE B  
**Address:** 3410 KIRBY DRIVE  
**City-St-Zip:** TITUSVILLE, FL 32796

**ADDITIONS/CHANGES:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DIONE B. LYLO

MRS.

09/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date