

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90035 046 \*\*\*\*55.00

**DOCUMENT # L05000115951**

1. Entity Name  
**VENTURE CAPITAL CONCEPTS, LLC**



Principal Place of Business  
**2500 E HALLANDALE BEACH BLVD  
SUITE X210  
HALLANDALE BEACH, FL 33009**

Mailing Address  
**2500 E HALLANDALE BEACH BLVD  
SUITE X210  
HALLANDALE BEACH, FL 33009**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

**20-3879185**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROTH, DAVID D CPA  
20515 E COUNTRY CLUB DRIVE  
149 APT #  
AVENTURA, FL 33180**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

**DAVID ROTH**

(NOTE: Registered Agent signature required when reinstating)

**4-5-06**

DATE

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGPM**

**PILIK, DEBRA J**

**2500 E HALLANDALE BEACH BLVD  
HALLANDALE BEACH, FL 33009**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MANAGING PARTNER  
FILIK, DEBRA/suite X-210  
2500 E. HALLANDALE BCH BLVD  
HALLANDALE BEACH FL  
33009**

☒ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**DEBRA J. FILIK**

Date

Daytime Phone #

**5/06 954-929-1091**