2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# L06000018517

Entity Name: BLACK GALLEON CONCIERGE, LLC

Current Principal Place of Business:

112 NW BERKELEY AVE.
PORT ST. LUCIE, FL 34986 US

New Principal Place of Business:

313 SW LAKE FOREST WAY
PORT ST. LUCIE, FL 34986 US

Current Mailing Address:

112 NW BERKELEY AVE.
PORT ST. LUCIE, FL 34986 US

New Mailing Address:

313 SW LAKE FOREST WAY
PORT ST. LUCIE, FL 34986 US

FEI Number: 51-0573184 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: MGRM ( ) Delete
Name: EVANS, PHILIP S
Address: 112 NW BERKELEY AVE
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: EVANS, PHILIP S PARTNER
Address: 313 SW LAKE FOREST WAY
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: MGRM ( ) Change (X) Addition
Name: EVANS, MANDI J PARTNER
Address: 313 SW LAKE FOREST WAY
City-St-Zip: PORT ST. LUCIE, FL 34986 US

I hereby certify that the information supplied with this filing does not qualify 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: P. SCOTT EVANS MGRM 04/27/2007

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