

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90461 046 ****50.00

DOCUMENT # L06000033779

1. Entity Name

CONCEPT 42 LLC



Principal Place of Business

31 SOUTH GOLDVIEW #9H
LAKE WORTH FL 33460

Mailing Address

P.O. BOX 16300
WEST PALM BEACH FL 33416-1630



2. Principal Place of Business - No P.O. Box #

31 South Goldview #9H

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

Lake Worth FL

City & State

Zip

33460 Country Palm Beach

Country

4. FEI Number

20-4748755

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHAPIRO, ROBERT LEE P.A.
2401 PGA BLVD., STE. 272
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME EDDY, TILLMAN
STREET ADDRESS P.O. BOX 16300
CITY-ST-ZIP WEST PALM BEACH FL 33416-1630

☒ Delete

TITLE
NAME Manager
STREET ADDRESS Barbara Guaitieri
CITY-ST-ZIP P.O. Box 16300
West Palm Beach FL 33416-1630

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Daytime Phone #

Barbara Guaitieri

8/27/07 (860)309-8944