

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 A
Secretary of State

DOCUMENT # L06000064754

1. Entity Name
CONCH-HOUSE LLC.



Principal Place of Business
**2131 HOLLYWOOD BLVD. STE 208
HOLLYWOOD, FL 33020**

Mailing Address
**2131 HOLLYWOOD BLVD. STE 208
HOLLYWOOD, FL 33020**



01072008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

**CHARLES WESOCKES CPA
2131 HOLLYWOOD BLVD. STE 208
HOLLYWOOD, FL 33020**

**DO NOT WRITE
IN THIS SPACE**

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

1. Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

U000000778921
01/11/08-80016-023 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WESOCKES, CHARLES
STREET ADDRESS	2131 HOLLYWOOD BLVD. STE 208
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	MGRM
NAME	MAC LEOD, LORRAINE
STREET ADDRESS	2131 HOLLYWOOD BLVD. STE 208
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

Charles Wesockes

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

1/8/08

Date

547-9548 1812

Daytime Phone #