

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000067930

FILED
Jan 14, 2008
Secretary of State

Entity Name: CONCERT 6, LLC

Current Principal Place of Business:

12945 SW 185 TERRACE
MIAMI, FL 33177

New Principal Place of Business:

Current Mailing Address:

12945 SW 185 TERRACE
MIAMI, FL 33177

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CONCHA, ALEJANDRO
12945 SW 185 TERRACE
MIAMI, FL 33177 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: CONCHA, ALEJANDRO
Address: 12945 SW 185 TERRACE
City-St-Zip: MIAMI, FL 33177

Title: MGR () Delete
Name: CONCHA, ELENA
Address: 12945 SW 185 TERRACE
City-St-Zip: MIAMI, FL 33177

Title: MGR () Delete
Name: CONCHA, ALEXANDER
Address: 12945 SW 185 TERRACE
City-St-Zip: MIAMI, FL 33177

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: CONCHA, ELENA B
Address: 12945 SW 185 TERRACE
City-St-Zip: MIAMI, FL 33177

Title: MGR (X) Change () Addition
Name: CONCHA, ALEXANDER N
Address: 12945 SW 185 TERRACE
City-St-Zip: MIAMI, FL 33177

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: ALEXANDER CONCHA

MGR

01/14/2008

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