


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90038 002 \*\*\*\*55.00

<b>DOCUMENT # L06000068904</b> 1. Entity Name <b>PARVENU CONCIERGE CONSORTIUM LLC</b>					
Principal Place of Business <b>5555 NORTH OCEAN BOULEVARD APT. 27 LAUDERDALE BY THE SEA, FL 33308 US</b>			Mailing Address <b>5555 NORTH OCEAN BOULEVARD APT. 27 LAUDERDALE BY THE SEA, FL 33308 US</b>		
2. Principal Place of Business - No P.O. Box # <b>5555 North Ocean Blvd</b>		3. Mailing Address Suite, Apt. #, etc. <b>27</b>			
City & State <b>Lauderdale by the Sea</b>		City & State <b>Lauderdale by the Sea</b>		4. FEI Number <b>20-5166267</b>	
Zip <b>33308</b>		Country <b>Brinard</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DACOSTA-HARVEY, SHARON 5555 NORTH OCEAN BOULEVARD APT. 27 LAUDERDALE BY THE SEA, FL 33308</b>				7. Name and Address of New Registered Agent Name <b>Sharon DaCosta Harvey</b> Street Address (P.O. Box Number is Not Acceptable) <b>5555 North Ocean Blvd Apt 27</b> <b>Lauderdale by the Sea</b> City <b>FL</b> Zip Code <b>33308</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARVEY, SHARON 5555 NORTH OCEAN BOULEVARD, APT. 27 LAUDERDALE BY THE SEA, FL 33308			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE: Sharon Harvey</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<b>April 1<sup>st</sup> 2007</b> <b>954 8736567</b> <small>Date Daytime Phone #</small>	