

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000077467

Entity Name: CM CONCEPTS LLC

FILED
Jan 13, 2008
Secretary of State

Current Principal Place of Business:

4363 SOUTHWEST 10TH PLACE APT 208
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

87 VIA DE CASAS NORTE
BOYNTON BEACH, FL 33426

Current Mailing Address:

4363 SOUTHWEST 10TH PLACE APT 208
DEERFIELD BEACH, FL 33442

New Mailing Address:

87 VIA DE CASAS NORTE
BOYNTON BEACH, FL 33426

FEI Number: 20-5326710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL AND UTRERA, PA
1840 SOUTHWEST 22 STREET 4TH FLOOR
MIAMI, FL 33145 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: BINETTI, JULIUS
Address: 4363 SOUTHWEST 10TH PLACE APT 208
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: ST (X) Delete
Name: BINETTI, JULIUS
Address: 4363 SOUTHWEST 10TH PLACE APT 208
City-St-Zip: DEERFIELD BEACH, FL 33442

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BINETTI, JULIUS
Address: 87 VIA DE CASAS NORTE
City-St-Zip: BOYNTON BEACH, FL 33426

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

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: JULIUS BINETTI

MGR

01/13/2008

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