

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000085240

FILED  
Jan 17, 2007  
Secretary of State

**Entity Name:** CONCEPT SOLUTIONS REAL ESTATE, LLC

**Current Principal Place of Business:**

604 N. SINCLAIR AVE.  
TAVARES, FL 32778

**New Principal Place of Business:**

303 N. TEXAS AVE.  
TAVARES, FL 32778

**Current Mailing Address:**

P.O. BOX 955  
TAVARES, FL 32778

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

JOHNSON, CHARLES D  
907 WEBSTER STREET  
LEESBURG, FL 34748    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: MGRM    ( ) Delete  
Name: GRIES, JACK L  
Address: 715 BALMORAL CIRCLE  
City-St-Zip: LEESBURG, FL 34748

Title: MGRM    ( ) Delete  
Name: KINSEY, ANN  
Address: P.O. BOX 394  
City-St-Zip: TAVARES, FL 32778

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JACK L. GRIES

MGRM

01/17/2007

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