2007 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT #1 06000088943

FILED May 02, 2007 8:00 am Secretary of State

1. Entity Name CONCEPT-E, L.L.C.								05-02-	-2007 90	345 030) ****50.(00
Principal Place of Business 21205 YACHT CLUB DR., APT. #1606 AVENTURA, FL 33180			Mailing Address 21205 YACHT CLUB DR., APT. #1606 AVENTURA, FL 33180			-						
Principal Place of Business - No P.O. Box #			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				0426200	7 Chg-	LLC	CR2E0	83 (12/06)	
City & State			City & State				4. FEI Num	nber -554 /	7.590		 	plied For
Zip	p Country		Zip Coun		try						\$5.00 Add	itional
6. Name and Address of Current			Registered Agent			7. Name a	nd Address	of New Ro	egistered /	Agent		
GUZMAN & GUZMAN, P.A. % MARIO I. GUZMAN 9130 S. DADELAND BLVD., SUITE #1504 MIAMI, FL 33156					Name GUZMAN E GUZMAN, P.A. Street Address (P.O. Box Nomber is Mot Acceptable) 9130 S. DANE IAWA BIVA., Suite # 1600							
The above named entity submits this statement for the purpose of changing its regis						AUI /	F/.	both, in the	State of Flo	FL	Zip Code 33/5 familiar with.	
the obligat	ions of regist						- a agom, or					and double t
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOTE	: Registere	d Agent signatu	re required	when reinstating)			DATE		_
Filing Fee is \$50.00 Due by May 1, 2007									Florida		ayable to ent of State	
9.		MANAGING MEMBER	RS/MANAGERS	10.				AC	DITIONS	CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		CHT CLUB DR., APT. #	□ Delete		E	2120	REGON 5 Yacki	+ club	Dr.,	Apt. A	☐ Change	☐ Addition
	AVENTURA, FL 33180			TITLE		HO.	dtura,	7 /	33/80		Пись	
NAME STREET ADDRESS CITY - ST - ZIP	DE LA FUENTE, ENCARNACION T					TAB 212	EANA.	ht ch	ACION 16 Dr. 331	, AN	A Change #1606	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		□ Delete								Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete								Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				7.				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY	ie Eet address -st-zip			<u></u>			☐ Change	Addition
11. I hereby of indicated	certify that th	e information supplied with	this filing does not qualify for that my signature shall have	the exe	mptions co	ntained ct as if m	in Chapter 1 nade under o	19, Florida S ath; that I as	tatutes. I fu n a manag	rther certify	y that the info	rmation r of the

limited liability company or the receityer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.