


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 18, 2008 8:00 am**  
**Secretary of State**

08-18-2008 90050 027 \*\*\*143.75

<b>DOCUMENT # L07000012098</b>	
1. Entity Name <b>CONSORZIO CONCEPTS, LLC</b>	

Principal Place of Business <b>524 CLAREMORE DRIVE WEST PALM BEACH, FL 33401</b>	Mailing Address <b>524 CLAREMORE DRIVE WEST PALM BEACH, FL 33401</b>
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2. Principal Place of Business - No P.O. Box # <b>225 CLEMATIS STREET</b>	3. Mailing Address <b>225 CLEMATIS STREET</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>WEST PALM BEACH, FLORIDA</b>	City & State <b>WEST PALM BEACH, FLORIDA</b>
Zip <b>33401</b>	Country <b>UNITED STATES</b>
Zip <b>33401</b>	Country <b>UNITED STATES</b>

**60046470**



07152008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-8368262</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>ASPRINIO, STEPHEN 524 CLAREMORE DRIVE WEST PALM BEACH, FL 33401</b>	
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7. Name and Address of New Registered Agent	
Name <b>OREN S. TASINI</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>660 U.S. HIGHWAY ONE, 3RD FLOOR</b>	
City <b>NORTH PALM BEACH</b>	FL Zip Code <b>33408</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 <b>OREN S. TASINI</b>	DATE <b>8/15/2008</b>

<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASPRINIO, STEPHEN 524 CLAREMORE DRIVE WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASPRINIO, STEPHEN 225 CLEMATIS STREET WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.

SIGNATURE: <u>Michael J. Casey</u>	MICHAEL J. CASEY	8/15/08	(561) 653-8382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #