2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED Jul 30, 2008 8:00 am Secretary of State 05-21-2008 90206 024 ***138.75

DOCUMENT # L07000090245				Secretary of State
1. Entity Name				05-21-2008 90206 024 ***138.75
ACCRETION BUSINESS CONCEPTS, LLC				<u></u>
Principal Place of Business Mailing Address				
27800 MICHIGAN STREET		27800 MICHIGAN STREET		
BONITA SPRINGS FL 34135 US		BONITA SPRINGS FL 34135 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #. etc.		Suite, Apt. #, etc.		1st MOORE CR2E083 (10/07)
City & State		City & State		4. FEI Number Applied For Not Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired 55.00 Additional Fee Required
6. Name and Address of Current Registered Agent		Name	7. Name and Address of New Registered Agent	
WALDOCH, K MICHAEL			Name	
7380 CARRIER ROAD FORT MYERS FL 33912		Street Address (ss (P.O. Box Number is Not Acceptable)
		City	FL Zip Code	
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 Signalula, hiped or or meg name of log overed agent And take if applicable INDTE. Rejudated Ayant agreeture log used when remercialing DATE				
FILE NOW!!! FEE IS \$138.75				
After May 1, 2008, Fee				
i Mak		Make Check Payable		
9.	MANAGING MEMBE	RS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS	ZYNEL, DONNA 27800 MICHIGAN STREET		NAVAE STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34135		CITY-SI-ZIP	
TOTALE		Oelete	THE	☐ Change ☐ Addition
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CITY-5T-ZIP			CUA-21-ST	
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-29	
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STREET ADDRESS			STREET ADDRESS	
CTTY-ST-ZIP	<u></u>		CITY-ST-Z₽	
11. I hereby contrly that the information supplied with this filing does not qualify for the exemptions contained in Section 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.				