

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000068098

FILED  
Feb 07, 2012  
Secretary of State

Entity Name: CONCEPT DEVELOPMENT, LLC

**Current Principal Place of Business:**

5200 NW 43RD STREET  
STE 102-381  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

4735 NW 53RD AVENUE  
SUITE B  
GAINESVILLE, FL 32653

**Current Mailing Address:**

5200 NW 43RD STREET  
STE 102-381  
GAINESVILLE, FL 32606

**New Mailing Address:**

FEI Number: 80-0466760      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BRANT ABRAHAM REITER MCCORMICK & JOHNSON  
50 NORTH LAURA STREET  
SUITE 2750  
JACKSONVILLE, FL 32202 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: MGM  
Name: CRAWFORD, BRIAN S  
Address: 5200 NW 43RD STREET, STE 102-381  
City-St-Zip: GAINESVILLE, FL 32606

Title: MGR  
Name: CASON, MATTHEW D  
Address: 5200 NW 43RD STREET, STE 102-381  
City-St-Zip: GAINESVILLE, FL 32606

I hereby 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: BRIAN CRAWFORD      MGM      02/07/2012

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