

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000391

FILED
Mar 14, 2008
Secretary of State

Entity Name: HISTORICAL CONCEPTS, LLC

Current Principal Place of Business:

430 PRIME POINT, SUITE 103
PEACHTREE CITY, GA 30269

New Principal Place of Business:

430 PRIME POINT
SUITE 103
PEACHTREE CITY, GA 30269

Current Mailing Address:

430 PRIME POINT, SUITE 103
PEACHTREE CITY, GA 30269

New Mailing Address:

430 PRIME POINT
SUITE 103
PEACHTREE CITY, GA 30269

FEI Number: 06-1664459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR () Delete
Name: STRICKLAND, JAMES
Address: 430 PRIME POINT, SUITE 103
City-St-Zip: PEACHTREE CITY, GA 30269

Title: MGR () Delete
Name: STRICKLAND, TODD
Address: 430 PRIME POINT, SUITE 103
City-St-Zip: PEACHTREE CITY, GA 30269

Title: MGR () Delete
Name: PLYANT, TERRELL
Address: 430 PRIME POINT, SUITE 103
City-St-Zip: PEACHTREE CITY, GA 30269

Title: MGR () Delete
Name: DAILY, AARON
Address: 430 PRIME POINT, SUITE 103
City-St-Zip: PEACHTREE CITY, GA 30269

Title: MGR () Delete
Name: COGAR, ANDREW
Address: 430 PRIME POINT, SUITE 103
City-St-Zip: PEACHTREE CITY, GA 30269

ADDITIONS/CHANGES:

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

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

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

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 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: TODD STRICKLAND

MGR

03/14/2008

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