

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000391

FILED  
Feb 18, 2009  
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:**

**Current Mailing Address:**

430 PRIME POINT  
SUITE 103  
PEACHTREE CITY, GA 30269

**New Mailing Address:**

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

02/18/2009

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