



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90045 012 \*\*\*\*50.00

<b>DOCUMENT # L03000006246</b> 1. Entity Name <b>GEJ CONCORD LLC</b>					
Principal Place of Business <b>9200 SOUTH DADELAND BLVD., SUITE 508 C/O UNITED CORPORATE SERVICES, INC MIAMI, FL 33156</b>			Mailing Address <b>9200 SOUTH DADELAND BLVD., SUITE 508 C/O UNITED CORPORATE SERVICES, INC MIAMI, FL 33156</b>		
2. Principal Place of Business <b>c/o Juster Development Co</b> Suite, Apt. #, etc. <b>303 So. Broadway Ste 450</b> City & State <b>harrytown NY</b> Zip <b>10591</b>		3. Mailing Address <b>c/o Juster Development Co</b> Suite, Apt. #, etc. <b>303 So. Broadway Ste 450</b> City & State <b>harrytown NY</b> Zip <b>10591</b>			
City & State <b>harrytown NY</b>		City & State <b>harrytown NY</b>		4. FEI Number <b>04-3740552</b>	
Zip <b>10591</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., SUITE 508 MIAMI, FL 33156</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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 exemption stated in Section 119.07(3)(i), 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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> <b>SIGNATURE:</b> <i>Gary E Juster</i>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div style="width: 40%; text-align: right;"> <b>4/21/04 914 524-7700</b>  <small>Date Daytime Phone #</small> </div> </div>					