


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000063174

1. Entity Name
CONCORD FLAGLER, LLC



Principal Place of Business 66 W. FLAGLER ST., SUITE 500 MIAMI, FL 33130	Mailing Address 66 W. FLAGLER ST., SUITE 500 MIAMI, FL 33130
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DO NOT WRITE IN THIS SPACE

01072008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3053561	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VILAR, PATRICK
66 W. FLAGLER STREET
SUITE 500
MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VILAR, PATRICK 66 W. FLAGLER ST., SUITE 500 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VILAR, RODRIGO 66 WEST FLAGLER ST SUITE 500 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOFILL, JOSE C 66 WEST FLAGLER ST SUITE 500 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOLANO, JACK 66 WEST FLAGLER ST SUITE 500 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JARAMILLO, SEBASTIAN 66 WEST FLAGLER ST SUITE 500 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000780635
01/15/08-80004-001-138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE: *Jose C Bofill* 1/7/08 (305) 374-6607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #