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	Mailing Address
66 W. FLAGLER ST., SUITE 500 MIAMI, FL 33130	66 W. FLAGLER ST., SUITE 500 MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE

01072008No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-3053561
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

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

U00000780635
01/15/08-80004-001 138.75

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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: _____ 1/7/08 (305) 374-6667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #