


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAY 10 PM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A06000000775	
1. Entity Name CONCURRENT PARTNERS, LLLP	

Principal Place of Business 800 CONCOURSE PARKWAY SOUTH STE 200 MAITLAND, FL 32751	Mailing Address 800 CONCOURSE PARKWAY SOUTH STE 200 MAITLAND, FL 32751
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04192007 Chg-LP CR2E003 (12/06)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent A.G.C. CO. 200 SOUTH ORANGE AVENUE STE 2300 ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L06000059517	STREET ADDRESS	
NAME	CONCOURSE PARTNERS, LLC	CITY-ST-ZIP	
STREET ADDRESS	800 CONCOURSE PARKWAY SOUTH STE 200		
CITY-ST-ZIP	MAITLAND, FL 32751		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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05/23/07--01007--017 **500.00

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: Eugene R. Curcio EUGENE CURCIO 4/23/07 407-571-1550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE