-260	UNIFO	RM BUSI	NESS REPO	RT	(UBF	R)		APPh	WYL.		
DOCUMENT # A33157			•	•	AND FILED						
THE CONCORDE PARTNERS, LTD.								01 JUN 13			
Principal Place of Business Mailing Address					 -			SECRETAR FALEAHAS	Y OF S	ORIDA	
3020 HARTLEY ROAD. SUITE 300 JACKSONVILLE FL 32257 3020 HARTLEY ROAD. SUITE JACKSONVILLE FL 32257								;	·		
2. Principal Place of Business 3. Mailing Address											
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State				4. FEI Number	59-3013490	. ———)	Applied For Not Applicable	
Zip			Zip	Count	ry)		5. Certificate of	of Status Desired	4 # D	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					Name		7. Name and	Address of New I	Registered	Agent	
FARRELL, MARK T 3020 HARTLEY ROAD, SUITE 300						treet Address (P.O. Box Number is Not Acceptable)					
JACKSONVILLE FL 32257					City	_	FL Zip Code				
8. The above	named entity sub	mits this statement for	the purpose of changing its	registere	d office or	register	ed agent, or both	, in the State of Fl	orida. ,		
SIGNATURE	Signature, typed or prin	ed name of registered agent an	d title if applicable. (NOTE	: Registered	Agent signatur	beriuper en	when reinstating)	<u> </u>	DATE		
9. Capital Contributions as Shown on record. \$1,000.00 10. Amount of Capital Contributions in FLORIDA to date						11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION					
			IAT IS A BUSINESS EN								
12.	13.	an amer	nendment must be filed to change a general partner. ADDRESS CHANGES ONLY								
DOCUMENT #	L77054	GENERAL PARTNER			T ADDRESS		· · · · · · · · · · · · · · · · · · ·				
NAME STREET ADDRESS CITY-ST-ZIP	THE CONCORDE PARTNERS,INC. 3020 HARTLEY ROAD, SUITE 300			ł	ST-ZIP						
DOCUMENT #	JACKSONVILLE	FL 32257		STREE	T ADDRESS		50	00004 -06/18	423 /010	7654 01021018	
STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP					*****88.75	
DOCUMENT # NAME		1		STREE	T ADDRESS			10064	422	765-4	
STREET ADDRESS CITY-ST-ZIP	.4			CITY-	ST-ZIP			-06/18 	/010 52,50)1021033 _*****52,50	
DOCUMENT # NAME .				STREE	T ADDRESS					· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS CITY-ST-ZIP		* :		CITY-	ST-ZIP			· -			
DOCUMENT # NAME STREET ADDRESS	 } 4			STREE	ET ADDRESS						
CITY-ST-ZIP	1		·	CiTY-	ST-ZIP						
DOCUMENT # NA SE STREET ADDRESS				STREE	T ADDRESS						
ATTICLE ADDRESS	1 ' ' '			CITY	מול דם						

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

SIGNATURE:

CITY-ST-ZIP

SIJAMONE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

April 19, 2001

Date

(904) 260-3030

Daytime Phone #