## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT # A95000001149  1. Entity Name CONCORD MANAGEMENT, LTD.					I .	FEB 20 /		
Principal Place of Business Malling Address					TALL	RETARY O AHASSEE.	FI DRIDI	٨
1551 SANDS MAITLAND, F	L 32751	C/O BROAD AND CA P.O. BOX 4961 Orlando, FL 3280		DK				
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address					
Suite, Apt	#, etc	Suite, Apt #, etc			02062006	Chg-LP	CR2E003	· · · · · · · · · · · · · · · · · · ·
City & State		City & State	City & State		4. FEI Number 59-3337			Applied For Not Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate of	of Status Desired		3.75 Additional e Required
	6. Name and Address of C	urrent Registered Agent		Na	7. Name and	Address of New R		
B&C CORPORATE SERVICES OF CENTRAL FLA, INC				Name Street Address (P.O. Box Number is Not Acceptable)				
390 N. OR	)		Street Address (	(P.O Box Number	r is Not Acceptable	)) 		
							<del>,</del>	
				City			FL	Zip Code
	named entity submits this stater lons of registered agent	nent for the purpose of changing	its register	ed office or register	red agent, or both	i, in the State of Flo	orida. I am fam	niliar with, and accept
SIGNATURE	Signature, typed or printed name of register	ed agent and title it applicable					DATE	
		NOW!!! FEE IS \$500.00			·			<u> </u>
	A GENERAL PART	y 1, 2006, Fee will be \$9 NER THAT IS A BUSINESS is MAY NOT be changed o	ENTITY M			i to change a ge	eneral partn	er.
DOCUMENT #	GENERAL PA	RTNER INFORMATION	13.		<del></del>	ADDRESS CH	ANGES ONLY	
NAME STREET ADDRESS	CONCORD MANAGEMENT COMPANY, INC.    CONCORD MANAGEMENT COMPANY, INC.			-ST-ZIP		<del></del>	<del></del>	· <del></del>
CITY-ST-ZIP	MAITLAND, FL 32751					ÜÜÜÜÄF	3800	164 ·
NAME			STR	EET ADORESS	02/2	8/06010	19007	**500.00
STREET ADDRESS - CITY-ST-ZIP			CITY	- SI- 7#P				
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NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME			STR	EET ADORESS				
STREET ADDRESS CITY-ST-ZIP			CITY	'- ST- ZIP				
or the rec	•	ite and that my signature shall ha	ave the sam	e legal effect as if r O Florida Statutes	made under oath;	, Florida Statutes that I am a Gener	I further certify al Partner of th	that the information is limited partnership
SIGNAT	URE:	YPED OR PRINTED NAME OF SIGHING GE	NERAL PARTN	ER	<del></del>	Date	407.	741-8500 me Phone #

FILED