

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000000541

1. Entity Name  
CONCORD STREET LIMITED LIABILITY COMPANY

Principal Place of Business  
602 N. THORNTON AVE.  
ORLANDO FL 32803

Mailing Address  
602 N. THORNTON AVE.  
ORLANDO FL 32803

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

#### 6. Name and Address of Current Registered Agent

CLEMENT, MILTON A  
602 N. THORNTON AVE.  
ORLANDO FL 32803

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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.

SIGNATURE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

#### 9. MANAGING MEMBERS/MEMBERS

TITLE Managing Member  
NAME Milton A. Clement, Jr.  
STREET ADDRESS 602 N. Thornton Ave.  
CITY-ST-ZIP Orlando, FL 32803

Delete

10.

#### ADDITIONS/CHANGES

Change     Addition

TITLE Managing Member  
NAME Edith S. Clement  
STREET ADDRESS 602 N. Thornton Ave.  
CITY-ST-ZIP Orlando, FL 32803

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change     Addition

500004422775-4  
-06/15/01--01073--003  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE Member  
NAME Four Unit Bridge Family Ltd Partnership  
STREET ADDRESS 602 N. Thornton Ave.  
CITY-ST-ZIP Orlando, FL 32803

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change     Addition

TITLE Member  
NAME Clement Living Trust  
STREET ADDRESS 602 N. Thornton Ave.  
CITY-ST-ZIP Orlando, FL 32803

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change     Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change     Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE

NAME

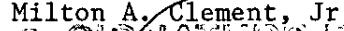
STREET ADDRESS

CITY-ST-ZIP

Change     Addition

11. 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 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.

Milton A. Clement, Jr.

SIGNATURE:  Managing Member

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

(407) 422-3811

✓ Date

Daytime Phone #

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000561  
AF

CR2083 (11/00)