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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000010590

1. Entity Name
CONCORD L.L.C.

FILED
2004 JUL 27 AM 10:24
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
STE. 302, EAST BLDG., NO. 34/20 CUBA AVE & 34TH STREET, PANAMA 5 REPUBLIC OF PANAMA,	C/O AMERICAN INCORPORATORS LTD. 1220 N. MARKET STREET, SUITE 606 WILMINGTON, DE 19801

07272004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FLORIDA FILING & SEARCH SERVICES, INC.
1333 DUVAL ST.
TALLAHASSEE, FL 32303

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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)

Filing Fee is $50.00
Due by September 8, 2004

600039583986

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	EURO AMEX EXCHANGE, INC.
STREET ADDRESS	STE. 302, EAST BLDG, #34/20,CUBA AV & 34TH
CITY-ST-ZIP	PANAMA 5, REP. OF PANAMA,
TITLE	MGRM
NAME	SATURN INVESTMENT GROUP, S.A.
STREET ADDRESS	STE. 302, EAST BLDG, #34/20,CUBA AV & 34TH
CITY-ST-ZIP	PANAMA 5, REP. OF PANAMA,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: _____ 7.27.04 (302)421 5752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
PHONE: (850) 668-4318 FAX: (850) 668-3398

DATE: 07-27-04

NAME: CONCORD, LLC

TYPE OF FILING: ANNUAL REPORT

COST: $50

RETURN:

RECEIVED
04 JUL 27 PM 4:31
OFFICE OF SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE