

66401

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000010590

1. Entity Name
CONCORD L.L.C.FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL -5 AM 11:10

Principal Place of Business

STE. 302, EAST BLDG., NO. 34/20
CUBA AVE & 34TH STREET, PANAMA 5
REPUBLIC OF PANAMA,

Mailing Address

C/O AMERICAN INCORPORATORS LTD.
1220 N. MARKET STREET, SUITE 606
WILMINGTON, DE 19801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 808

06302005

Chg-LLC

CR2E083 (10/03)

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 7, 2005Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	MGRM	<input type="checkbox"/> Delete
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500057424035	
STREET ADDRESS	07/13/05--01054--009 **100.00	
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

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

6.30.05

3024215752

Date

Daytime Phone #