
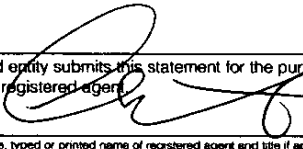
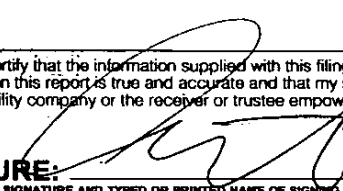


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90031 017 ****50.00

DOCUMENT # L02000028453 1. Entity Name CONCORD PARTNERS, LLC			
Principal Place of Business 7064 STAPPOINT CT. WINTER PARK, FL 32792		Mailing Address PO BOX 4446 WINTER PARK, FL 32793	
2. Principal Place of Business - No P.O. Box # 4296 Ethan Lane Suite, Apt. #, etc.		3. Mailing Address 4296 Ethan Lane Suite, Apt. #, etc.	
City & State Orlando, FL Zip 32814		City & State Orlando, FL Zip 32814	
4. FEI Number 33-1027666		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MACLENNAN, HELEN P.O. BOX 4446 WINTER PARK, FL 32793		7. Name and Address of New Registered Agent Name Anthony Bruno Street Address (P.O. Box Number is Not Acceptable) 4296 Ethan Lane City Orlando FL Zip Code 32814	
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  Anthony Bruno 4-20-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MACLENNAN, HELEN MEMBER P.O. BOX 4446 WINTER PARK, FL 32793 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	197 Ridgeway Ctr Dr. Duncan, SC 29334 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRUNO, ANTHONY J MEMBER 7064 STAPPOINT CT. WINTER PARK, FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4296 Ethan Lane Orlando, FL 32814 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Anthony Bruno <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		4-20-07 <small>Date Daytime Phone #</small>	