## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 27, 2007 8:00 am Secretary of State **DOCUMENT # L03000026549** 04-27-2007 90031 016 \*\*\*\*50.00 1. Entity Name CONCORD ONE, LLC Principal Place of Business Mailing Address CANNE .. 7064 STA POINT CT. P.O. BOX 4446 WINTER PARK, FL 32793 WINTER PARK, FL 32792 of Business - No P.O. Box # Suite, Apt. #, etc. 04232007 Chg-LLC CR2E083 (12/06) Applied For 4. FEI Number 20-0100042 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Age MACLENNAN, HELEN Street Ade P.O. BOX 4446 WINTER PARK, FL 32793 City atement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familia the obligations of runc SIGNATURE Filing Fee Is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES **MGRM** IIILE ☐ Delete MLE Change ☐ Addition 4996 Ethan Lane Orlando, Fl 3281 NAME BRUNO, ANTHONY J NAME 7064 STAPOINT COURT STREET ADDRESS STREET ADORESS CITY-ST-ZIP WINTER PARK, FL 32792 CITY-ST-ZIP ☐ Delete TITLE TTTLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP me ☐ Defete me ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 receive of trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

FILED