2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORESE REPRESENTATIVE

Feb 28, 2005 08:00 AN DOCUMENT # L03000044757 **Secretary of State** CONCORD VENTURES, LLC Principal Place of Business Mailing Address 3951-4099 S HWAY 1792 7104 BLEDSOE AVE CASSELBERRY, FL 32707 US ORLANDO, FL 32810 US 02202005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0645269 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ENGLEHARDT, JOHN C DO NOT WRITE 1524 E. LIVINGSTON ST. ORLANDO, FL 32803 IN THIS SPACE 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 rematating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 1 MGRM WE NAME MORETTI, RICHARD STREET ADDRESS 2329 OVERSEAS HIGHWAY CITY-ST-ZIP MARATHON, FL TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CTTY-ST-70P TITLE IN THIS SPACE NAME: STREET ADDRESS CITY-ST-ZIP TITLE NULE STREET ADDRESS CITY-ST-ZIP TITLE MALKE 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 proof as required by Chapter 608, Florida Statutes.

FILED