2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 20, 2005 8:00 am
Secretary of State
04-26-2005 90025 001 ***150.00

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04072005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000037945

1. Entity Name
CONCORDIA REALTY L.L.C.

Principal Place of Business	Mailing Address
7061 DEXTER - ANN ARBOR ROAD DEXTER, MI 48130	7061 DEXTER - ANN ARBOR ROAD DEXTER, MI 48130

2. Principal Place of Business		3. Mailing Address	
311 Del Prado Bv. South		311 Del Prado Bv. South	
Suite, Apt. #, etc.: Suite 6		Suite, Apt. #, etc.: Suite 6	
City & State: Cape Coral, FL		City & State: Cape Coral, FL	
Zip: 33990	Country: USA	Zip: 33990	Country: USA

4. FEI Number ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DUNCAN, GORDON R
1601 JACKSON STREET, STE. 101
FORT MYERS, FL 33901

7. Name and Address of New Registered Agent

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 ______________________________ 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 May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER BONAR, JOSEPH V. 11028 HARBOUR YACHT COURT #102 Ft. MYERS, FL 33908	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] 4/20/05 239-573-5967
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #