

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90040 014 \*\*\*\*50.00

**DOCUMENT # L05000044605**

1. Entity Name  
CONCORD REALTY II, LLC



Principal Place of Business  
2650 N. MILITARY TRAIL, SUITE 240  
BOCA RATON, FL 33431

Mailing Address  
2650 N. MILITARY TRAIL, SUITE 240  
BOCA RATON, FL 33431

2. Principal Place of Business

3. Mailing Address  
2805 E. OAKLAND PARK BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
SUITE #139



04122006 Chg-LLC CR2E083 (11/05)

City & State

City & State  
FORT LAUDERDALE, FL

4. FEI Number  
20-2993110

Applied For  
Not Applicable

Zip

Country

Zip

FL 33306

Country

USA

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

BSPA CORPORATE SERVICES, INC.  
350 EAST LAS OLAS BOULEVARD, SUITE 1000  
FORT LAUDERDALE, FL 33301

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 May 1, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
MANAGER  
M. ANN FLOYD  
2805 E. OAKLAND PARK BLVD, STE 139  
FT. LAUDERDALE, FL 33306

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ 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: M. Ann Floyd M. ANN. FLOYD

4/11/06 954-946-0133

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

Date

Daytime Phone #