


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90077 026 \*\*\*\*50.00

|  |                                 |   |  |   |  |
|--|---------------------------------|---|--|---|--|
| <b>DOCUMENT # L05000044660</b><br>1. Entity Name<br><b>CONCORD HOLDINGS, LLC</b>   |                                 |   |  |    |  |
| Principal Place of Business<br><b>2650 N. MILITARY TRAIL, SUITE 240<br/>BOCA RATON, FL 33431</b>   |                                 |   | Mailing Address<br><b>2650 N. MILITARY TRAIL, SUITE 240<br/>BOCA RATON, FL 33431</b> |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |                                 |   | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |  |
| City & State   |                                 |   | City & State   |   |  |
| Zip  |                                 | Country   |  | Zip   |  |
| Country  |                                 | Country   |  | 4. FEI Number<br><b>20-2992974</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                                 |   |  | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><b>BSPA CORPORATE SERVICES, INC.<br/>350 EAST LAS OLAS BOULEVARD, SUITE 1000<br/>FORT LAUDERDALE, FL 33301</b>  |                                 |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating)   |                                 |   |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |                                 | Make check payable to<br><b>Florida Department of State</b> |  | DATE _____  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |                                 |   | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>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. |                                 |   |  |   |  |
| <b>SIGNATURE: <i>M. Ann Floyd</i> M. ANN FLOYD</b>   |                                 |   | <b>4/11/06 561-479-7743</b>  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |                                 |   | Date Daytime Phone #   |   |  |