


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90036 044 \*\*\*\*50.00

|  |  |  |   |   |   |
|--|--|--|---|---|---|
| DOCUMENT # L06000059517  |  |  |   |  |   |
| 1. Entity Name<br>CONCOURSE PARTNERS, LLC  |  |  |   |   |   |
| Principal Place of Business<br>800 CONCOURSE PARKWAY SOUTH<br>SUITE 200<br>MAITLAND, FL 32751  |  |  | Mailing Address<br>800 CONCOURSE PARKWAY SOUTH<br>SUITE 200<br>MAITLAND, FL 32751   |   |   |
| 2. Principal Place of Business - No P.O. Box #   |  |  | 3. Mailing Address  |   |   |
| Suite, Apt. #, etc.  |  |  | Suite, Apt. #, etc.   |   |   |
| City & State   |  |  | City & State  |   |   |
| Zip  |  | Country  |   | Zip   |   |
| Country  |  | Country  |   | 04192007 Chg-LLC CR2E083 (12/06)  |   |
| 4. FEI Number<br>20-5065612  |  |  |   | Applied For<br>Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |   | \$5.00 Additional Fee Required  |   |
| 6. Name and Address of Current Registered Agent<br><br>A.G.C.CO.<br>200 SOUTH ORANGE AVENUE<br>SUITE 2300<br>ORLANDO, FL 32801   |  |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____   |  |  |   |   |   |
| Filing Fee is \$50.00<br>Due by May 1, 2007  |  | Make check payable to<br>Florida Department of State |   |   |   |
| 9. MANAGING MEMBERS/MANAGERS   |  |  | 10. ADDITIONS/CHANGES   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | EUGENE R. CURCIO<br>800 CONCOURSE PKWY S<br>MAITLAND, FL 32751 | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MANAGER   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | JOSEPH CONTE<br>800 CONCOURSE PKWY S.<br>MAITLAND, FL 32751    | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MANAGER   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 | <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. |  |  |   |   |   |
| SIGNATURE: <i>Eugene R. Curcio</i>   |  | EUGENE CURCIO  |   | 4/23/07   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  | Date   |   | 407-571-1550  |   |

30008225

