

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90064 039 ***143.75

60004612



DOCUMENT # L06000063953 1. Entity Name CONCORD WILSHIRE ROSALIND, LLC																													
Principal Place of Business 901 N GLEBE ROAD SUITE 350 ARLINGTON, VA 22203			Mailing Address 901 N GLEBE ROAD SUITE 350 ARLINGTON, VA 22203																										
2. Principal Place of Business - No P.O. Box # 401 W. Colonial DR.		3. Mailing Address 401 W. Colonial DR.																											
Suite, Apt. #, etc. SUITE 2		Suite, Apt. #, etc. SUITE 2																											
City & State ORLANDO, FL		City & State ORLANDO, FL																											
Zip 32804		Country USA		4. FEI Number 20-5100099																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required																											
6. Name and Address of Current Registered Agent PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVENUE DAYTONA BEACH, FL 32114			7. Name and Address of New Registered Agent Name MR. CRAIG STARKEY Street Address (P.O. Box Number is Not Acceptable) 401 W. Colonial DR. SUITE 2 City ORLANDO FL Zip Code 32804																										
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 <u><i>Craig Starkey</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1/17/08</u>																													
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State																										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CONCORD COMPANIES, LLC</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>901 N GLEBE ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ARLINGTON, VA 22203</td> <td></td> </tr> </table>			TITLE	MGRM	<input type="checkbox"/> Delete	NAME	CONCORD COMPANIES, LLC		STREET ADDRESS	901 N GLEBE ROAD		CITY-ST-ZIP	ARLINGTON, VA 22203		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <u><i>Lynda A. Keller</i></u> <u>1/15/08</u> <u>602-266-1999</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> <small>Date</small> <small>Daytime Phone #</small> LYNDA A. KELLER																													