


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


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

01-29-2008 90064 038 \*\*\*143.75

<b>DOCUMENT # L06000119752</b>	
1. Entity Name <b>CONCORD ENTERPRISES, LLC</b>	


Principal Place of Business <b>401 WEST COLONIAL DRIVE SUITE 2 ORLANDO, FL 32804 US</b>	Mailing Address <b>5685 N SCOTTSDALE ROAD SUITE 150 SCOTTSDALE, AZ 85250 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>401 W. Colonial DR.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>SUITE 2</b>
City & State	City & State <b>ORLANDO, FL</b>
Zip	Country <b>USA</b>

	
01142008 Chg-LLC	CR2E083 (12/06)
4. FEI Number <b>20-8066783</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>CRAIG, STARKEY 401 WEST COLONIAL DRIVE SUITE 2 ORLANDO, FL 32804</b>	
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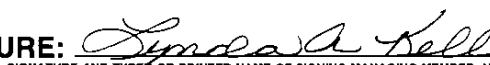
7. Name and Address of New Registered Agent	
Name <b>MR. CRAIG STARKEY</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>401 W. COLONIAL DR.</b>	
<b>SUITE 2</b>	
City <b>ORLANDO</b>	FL Zip Code <b>32804</b>

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 <b>1/17/08</b>

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONCORD COMPANIES, LLC 901 N GLEBE ROAD, SUITE 350 ARLINGTON, VA 22203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.

SIGNATURE: 	DATE: <b>1/15/08</b>	DAYTIME PHONE: <b>602-266-1999</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <b>LYNDA A. KELLER</b>		