

**FILE NOW: Fee after May 1, will be \$588.75**

**APPROVED  
AND  
FILED**

1997 MAR 17 AM 10: 12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILING FEE**  
**\$ 203.75** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee  
**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address  
of Limited Liability Company **DOCUMENT # L95000000804**

CONCURRENT TECHNOLOGY ENTERPRISES, L.C.  
485 TURTLE CIRCLE  
SATELLITE BEACH FL 32937

1a. Principal Place of Business Address

485 TURTLE CIRCLE  
SATELLITE BEACH FL 32937

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

|                                |  |                     |  |                                |   |
|--------------------------------|--|---------------------|--|--------------------------------|---|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 3. Date Organized or Qualified | 3a. State of Formation  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | 10/24/1995                     | FL  |
| City & State                   |  | City & State        |  | 4. FEI Number                  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| Zip                            |  | Zip                 |  | 59-3448760                     |   |
| Country                        |  | Country             |  | 5. Date of Last Report         | 6. Certificate of Status Desired  |
|                                |  |                     |  | 03/06/1996                     | \$8.75 Additional Fee Required <input type="checkbox"/>                         |

7. Name and Address of Current Registered Agent

MITCHELL, BRUCE A  
1325 SOUTH RIVERVIEW DRIVE  
MELBOURNE FL 32901

8. Name and Address of New Registered Agent

Name  
**VICTOR S. KOSTRO**  
Street Address (P.O. Box Number is Not Acceptable)  
**1825 S. Riverview Dr.**  
Suite, Apt. #, etc.  
City  
**Melbourne** **FL** Zip Code  
**32901**

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

*Vita S. Kostro*

DATE **03-11-97**

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

| 10. Title | Managing Members/Managers | Business Street Address   | City, State and Zip Code |
|-----------|---------------------------|---------------------------|--------------------------|
| MEM       | NUESE, CHARLES J DR.      | 485 TURTLE CIRCLE         | SATELLITE BEACH FL       |
| MEM       | CORNELL, JON              | 476 PORT ROYAL BLVD.<br>↑ | SATELLITE BEACH FL       |

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\*\*\*\*\*203.75 \*\*\*\*\*203.75

*488*  
*3/10/97*

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:**

*Charles J. Nuese*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

**3/10/97 (407) 779-2622**

Date

Daytime Phone #