


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**

98 MAY -1 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>FILING FEE</b> \$ 188.75	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT #</b> 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

2. Principal Place of Business <i>485 Turtle Circle</i>	2a. Mailing Address <i>485 Turtle Circle</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>Satellite Beach,</i>	City & State <i>Satellite Beach</i>
Zip <i>32937</i>	Country <i>Brevard</i>

3. Date Organized or Qualified <i>10/24/1995</i>	3a. State of Formation <i>FL</i>
4. FEI Number <i>59-3448760</i>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report <i>03/17/1997</i>	6. Certificate of Status Desired <input type="checkbox"/> SB 75 Additional Fee Required

7. Name and Address of Current Registered Agent
KOSTRO, VICTOR S 1825 SOUTH RIVERVIEW DRIVE MELBOURNE FL 32901

8. Name and Address of New Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc. <i>200002513412--1</i>
City <i>FL</i>

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

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.	SATELLITE BEACH FL

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* *4/15/98*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

AL APR - 4 1998