## **2000 UNIFORM BUSINESS REPORT (UBR)** FILED L99000005621 DOCUMENT # 1. Entity Name 00 JAN 24 AM 11: 15 CONCORDE REAL ESTATE, LLC SECRETARY OF STATE TALLAHASSEE, FLORITIA Principal Place of Business Mailing Address 2900 PARKWAY BLVD 2900 PARKWAY BLVD KISSIMMEE FL 34747 KISSIMMEE FL 34747-4503 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For Not Applicable Zip Country ZiΩ Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHNSON, LORAN A Street Address (P.O. Box Number is Not Acceptable) 215 NORTH EOLA DRIVE ORLANDO FL 32801 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) --- FILE-NOW!!!- FEE IS-\$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES 700003118**56447-01466** -02/01/00--01100--001 MGRM TITLE TITLE PARKWAY HOLDINGS CORPORATION NAME MAME \*\*\*\*\*50.00 \*\*\*\*\*50.00 2900 PARKWAY BLVD STREET ADDRESS STREET ADDRESS KISSIMMEE FL CITY-ST-ZIP CITY-81-ZIP Change Addition ... Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition . ☐ Delete ☐ Change TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- 21-71P ☐ Change Addition Detete TITLE TITLE NÂME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY- 8T- ZIP Chang Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - \$1 - 71P CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I 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 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. | Section 119.07(3)(i), 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. HOLDINGS CORPORATION 1/11/99 (407) 396-7000 SIGNATURE Daytime Phone #

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