2001: UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

EXECUTIVE Vice President

	<u> </u>	****			\neg				
DOCUMENT # L9900005621 1. Entity Name CONCORDE REAL ESTATE, LLC						FILED			
	•				() FEB 23 AM 9: 0	i		
2900 PARKWAY BLVD 290		Mailing Address 2900 PARKWAY BLVD KISSIMMEE FL 34747	OO PARKWAY BLVD		S TA	ECRETARY OF STATEL AHASSEE. FLOR	(E IDA	1 88 1 31 8 2 1 88 2	
2. Principal P	lace of Business	3. Mailing Address	lailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	е	City & State	ty & State			4. FEI Number Applied For 59-3596989 Not Applicable			
Zip Country Zi		Zip	p Country			5. Certificate of Status Desired			
	6. Name and Address of Current	t Registered Agent			7. Name	and Address of New Register	ed Agent		
				Name					
JOHNSON, LORAN A 215 NORTH EOLA DRIVE				Street Address (P.O. Box Number is Not Acceptable)					
	FL 32801								
	TE SESSI			City			Zip Code	9	
				<u> </u>					
8. The above	named entity submits this statement f	or the purpose of changing	g its registere	d office or regi	stered agent, o	or both, in the State of Florida.			
SIGNATURE .									
	Signature, typed or printed name of registered agen	t and title if applicable.	(NOTE: Registered	Agent signature req	uired when reinstatii				
		i	FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department o			500003768651 -02/26/0101147019 ******50.00 ******50.00			
9.	MANAGING MEM	BERS/MEMBERS	10.			ADDITIONS/CHANG			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARKWAY HOLDINGS CORPOR 2900 PARKWAY BLVD KISSIMMEE FL	ATION Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete		ET ADDRESS			☐ Change	☐ Addition	
CITY-ST-ZIP		☐ Delete	CITY-	ST-ZIP		<u> </u>	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	e o jaron en	Delete	NAME STREE						
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP				ET ADORESS ST-ZIP					
TITLE _		Delete	TITLE	<u> </u>			☐ Change	Addition	
NAME			NAME	ET ADDRESS			/		
STREET ADDRESS CITY-ST-ZIP				ST-ZIP		. /	/		
7171.5		☐ Detete	TITLE			Jy	☐ Change	Addition	
NAME			NAME	į.		•			
STREET ADDRESS				ET ADDRESS ST-ZiP					
44 Lbarabya	pertify that the information supplied wi	th this filing does not quali	fy for the ever	nntion stated is	Section 119.	07(3)(i), Florida Statutes. I further	certify that the in	nformation	
indicated	on this report is true and accurate an bility company or the receiver or truste	d that my signature sha l l h	lave the same	legal effect as	if made under	r oatn; that i am a managing me	mber or manage	er of the	