

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 25, 2002 8:00 am**  
**Secretary of State**

06-25-2002 90441 002 \*\*\*\*50.00

DOCUMENT # L99000005621

1. Entity Name

CONCORDE REAL ESTATE, LLC

**DO NOT WRITE IN THIS SPACE**

969599

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2900 PARKWAY BLVD</b> Suite, Apt. #, etc.		3. Mailing Address <b>215 NORTH EOLA DRIVE</b> Suite, Apt. #, etc.		4. FEI Number <b>5903596989</b>		Applied For Not Applicable	
City & State <b>KISSIMMEE, FLORIDA</b>		City & State <b>ORLANDO, FLORIDA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required			
Zip <b>34747</b>	Country <b>USA</b>	Zip <b>32801</b>	Country <b>USA</b>				

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <b>MICHAEL A. RYAN</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>215 NORTH EOLA DRIVE</b>	
City <b>ORLANDO</b>	FL Zip Code <b>32801</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.

SIGNATURE

*[Signature]*  
Signature, typed or printed name of registered agent, if applicable.  
**MICHAEL A. RYAN**

6/18/02

DATE

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PARKWAY HOLDINGS CORPORATION 2900 PARKWAY BLVD. KISSIMMEE, FLORIDA 34747</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E083B (12/01)

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.

**PARKWAY HOLDINGS CORPORATION, A FLORIDA CORPORATION**

SIGNATURE BY:

*[Signature]*

6/18/02

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

**SRI RANJAN VICE PRESIDENT**

Date

Daytime Phone #