

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90147 040 ****50.00

DOCUMENT # M00000001747

1. Entity Name
THE CONCORD EQUITY GROUP, LLC



Principal Place of Business
**100 METRO PARK SOUTH
LAURENCE HARBOR, NJ 08878**

Mailing Address
**100 METRO PARK SOUTH
LAURENCE HARBOR, NJ 08878**



2. Principal Place of Business
100 Matawan Rd
Suite, Apt. #, etc.
Metro Park South
City & State
Matawan, NJ
Zip
07747
Country
USA

3. Mailing Address
100 Matawan Rd
Suite, Apt. #, etc.
Metro Park South
City & State
Matawan, NJ
Zip
07747
Country
USA

08022004 Chg-LLC CR2E083 (10/03)

4. FEI Number
23-2926255
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**JAN BUTENSKY
110 PROFESSIONAL DRIVE, STE. 104
PONTE VEDRA BEACH, FL 32082**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by September 8, 2004

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINIELLO, NICHOLAS		NAME		
STREET ADDRESS	15 STORM ROAD		STREET ADDRESS		
CITY-ST-ZIP	LINCROFT, NJ 07738		CITY-ST-ZIP		
TITLE	MGRP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARGUSH, LEE D		NAME		
STREET ADDRESS	216 DOE TRAIL		STREET ADDRESS		
CITY-ST-ZIP	MORGANVILLE, NJ 07751		CITY-ST-ZIP		
TITLE	MGRP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAVORNIK, ALAN F		NAME		
STREET ADDRESS	57 BIG SPRINGS RD.		STREET ADDRESS		
CITY-ST-ZIP	CALIFON, NJ 07830		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.

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

Date Daytime Phone #

8/4/2004 732-335-0800