

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 28 AM 9:40

DOCUMENT # A00000000102

1. Entity Name
TECHNOLOGY DRIVE BUILDING, LTD.



Principal Place of Business
4320 WOODLAND PARK DRIVE
WEST MELBOURNE, FL 32904

Mailing Address
4320 WOODLAND PARK DRIVE
WEST MELBOURNE, FL 32904



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042005

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

59-3620047

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEALY, PATRICK F ESQ.
1499 SOUTH HARBOR CITY BLVD., SUITE 201
MELBOURNE, FL 32901

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$480,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P94000050548
NAME CIA DEVELOPMENT, INC.
STREET ADDRESS 4320 WOODLAND PARK DRIVE
CITY-ST-ZIP WEST MELBOURNE, FL 32904

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

700045887087
04/05/05--01013--017 **526.25

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE