2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

STAPLE CHECK HERE

FILED Mar 08, 2004 08:00 AM Secretary of State

| DOCUMENT # A0000000798 1. Entity Name TECHNOLOGY CENTER OF THE AMERICAS, LTD. | | | | | Secretary of State |
|---|---------------------------------|---|---------------------------------|---------------------------------------|--|
| 2601 S BAYSHORE DR 2601 S 9TH FLOOR 9TH FLO | | Mailing Address 2601 S BAYSHORE DR 9TH FLOOR MIAMI, FL 33133 | 2601 S BAYSHORE DR DTH FLOOR | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | · · · · · · · · · · · · · · · · · · · | 01072004 Chg-LP CR2E003 (10/03) |
| City & State | | City & State | | | 4. FEI Number Applied For 65-1013123 Not Applied bit |
| Zip | Country | Zip | Cour | ntry | 5. Certificate of Status Desired S8.75 Additional Fee Required |
| Name and Address of Current Registered Agent | | | | Name | 7. Name and Address of New Registered Agent |
| SICHTA, ROBERT D 2601 SOUTH BAYSHORE DR., 9TH FLOOR | | | | | (P.O. Box Number is Not Acceptable) |
| MIAMI, FL 33133 | | | | <u></u> | |
| | | | | 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. \$14,985,990.00 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 |
| BOCKMENT# P00000048317 NAME TECHNOLOGY CENTER OF THE AMERICAS, INC. | | STP | EET ADDRESS | | |
| 4 I | BAYSHORE DR, 9TH FL FL 33133 | OOR 🗸 | ÇITY | 1-S1-BP | |
| DOCUMENT # NAME | | | STR | EET ADORESS | 000000090099 03247204-98083-010 526 25 |
| STREET ADDRESS CITY-ST-ZIP | | | CITY | -ST-ZIP | |
| DOCUMENT # NVAIE | | | SRR | EET ADORESS | |
| STREET ADDRESS CITY-ST-ZIP | | | CSTY | -ST-ZIP | |
| DOCUMENT # NAME | | | STRE | EET ADDRESS | |
| STREET ADDRESS CITY-ST-ZIP | | | сяту | -SI-ZIP | |
| DOCUMENT # NAME | | | STRE | EET ADDRESS | |
| STREET ADDRESS CITY-ST-ZIP | | | GIEY | -51-ZIP | |
| DISCUMENT # NAME | | | STRE | ET ADDRESS | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY | -SI-ZIP | |
| 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes. I further certify that the information | | | | | |