2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

SEC

DOCUMENT # A0000000798 FILED 1. Entity Name TECHNOLOGY CENTER OF THE AMERICAS, LTD. 03 APR 22 AM 11 31 SECRETARY OF STATE Principal Place of Business Malling Address 2601 S BAYSHORE DR 2601 S BAYSHORE DR TALLAHASSEE, FLORIDA . 9TH FLOOR 9TH FLOOR MIAMI, FL 33133 MIAMI, FL 33133 2. Principal Place of Business 3. Mailing Address ,Suite, Apt. #, etc. Suite, Apt. #, etc. DUE BY MAY 1, 2003 . City & State City & State Applied For 65-1013123 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KONSET D SICHTA INTRASTATE REGISTERED AGENT CORPORATION Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVE **SUITE 3000** MIAMI, FL 33131 260) SWAN BOXSHOOD DR., 95H FLOOR City MAAN 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. 3-25-43 KOBERT D. SICHTA SIGNATURE -Signature typed of primed r of registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. P00000048317 CR2E003 (10/02) DOCUMENT # STREET ADDRESS TECHNOLOGY CENTER OF THE AMERICAS, INC. MAME 2601 S BAYSHORE DR, 9TH FLOOR STREET ADDRESS CITY -ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP DOCUMENT # STREET ADDRESS 200016661872 NAME 1/22/03--01038--826 ***1750.00 STREET ADDRESS CITY-ST-2IP CITY-ST-2IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CiTY - ST - 2IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY -ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY ST-ZIP CITY-ST-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 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