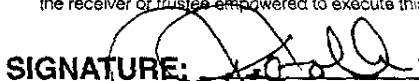


FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # A24475 1. Entity Name TECHNOLOGICAL PLAZA WEST, LTD.				Secretary of State	
Principal Place of Business 1031 W. MORSE BLVD., SUITE 325 WINTER PARK, FL 32789		Mailing Address 1031 W. MORSE BLVD., SUITE 325 WINTER PARK, FL 32789			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03162005 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 59-2826840	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SWANN & HADLEY, P.A. 1031 W. MORSE BLVD., SUITE 350 WINTER PARK, FL 32789				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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
9. Capital Contributions as Shown on record. — \$814,395.00		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 #	P01000105722	STREET ADDRESS			
NAME	WVK INTERNATIONAL, INC.	CITY-ST-ZIP			
STREET ADDRESS	1031 W. MORSE BLVD #325				
CITY-ST-ZIP	WINTER PARK, FL 32789				
DOCUMENT #		STREET ADDRESS			
NAME		CITY-ST-ZIP			
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #		STREET ADDRESS			
NAME		CITY-ST-ZIP			
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DOCUMENT #		STREET ADDRESS			
NAME		CITY-ST-ZIP			
STREET ADDRESS					
CITY-ST-ZIP					
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: 		4/21/05		407/645-4400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date		Daytime Phone #	