2008 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Feb 29, 2008 08:00 AM Due By May 1, 2008 **Secretary of State DOCUMENT #A97000002552** 1. Entity Name ITEC DEVELOPMENT LIMITED PARTNERSHIP Mailing Address Principal Place of Business 8550 COMMODITY CIRCLE 8550 COMMODITY CIRCLE ORLANDO, FL 32819 ORLANDO, FL 32819 01042008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3479411 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ALLEN DYER DOPPELT MILBRATH & GILCHRIST PA DO NOT WRITE 225 SOUTH ORANGE AVE., STE. 1401 ORLANDO, FL 32801 IN THIS SPACE 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 registe egistered agent and title if applicable DATE Signature, typed o FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 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 12. P97000092690 9900. other Tax DOCUMENT # NAME ITEC HOLDINGS, INC. 8550 COMMODITY CR STREET ADDRESS CITY-\$1-ZIP ORLANDO, FL 32819 REIMBURSABLE?____ DOCUMENT # APPROVED BY:___ NAME STREET ADDRESS CITY-SI-ZIP นบดับเกิดไม่ # NAME DO NOT WRITE STREET ADDRESS CHY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS HERE CITY-ST-ZIP U00000843892 03/12/08-80013-014 508.75 DOCUMENT # STAPLE CHECK NAME STREET ADDRESS

14. If hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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:

CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

OR PRINTED NAME OF SIGNING GENERAL PARTNER