

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 25, 2002 8:00 am**  
**Secretary of State**

06-25-2002 90441 035 \*\*\*\*50.00

DOCUMENT # **L010000007047**

1. Entity Name

**Guru Technology Partners, LLC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**11555**  
**Coral Springs Heron Bay Blvd.**

3. Mailing Address

**11555 Heron Bay Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 310**

**Suite 310**

City & State

City & State

**Coral Springs & Florida**

**Coral Springs, FL**

Zip

Country

Zip

Country

**33076**

**U.S.A**

**33076**

**U.S.A**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-115271**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Corporate Access, Inc.**

Street Address (P.O. Box Number is Not Acceptable)

**236 East 6th Ave**

City

**Tallahassee**

**FL**

Zip Code

**32303**

**DO NOT WRITE  
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.

SIGNATURE

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

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Managing Director "MGR"</b> <b>Andrew S. Gilroy</b> <b>11555 Heron Bay Blvd.</b> <b>Coral Springs, FL 33076</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Managing Partner "MGR"</b> <b>Sabino Marquez</b> <b>11555 Heron Bay Blvd.</b> <b>Coral Springs, FL 33076</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Managing Partner "MGR"</b> <b>Eres Canabarro</b> <b>11555 Heron Bay Blvd.</b> <b>Coral Springs, FL 33076</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Managing Partner "MGR"</b> <b>J Gaddis</b> <b>11555 Heron Bay Blvd.</b> <b>Coral Springs, FL 33076</b>
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IN THIS SPACE**

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**Andrew S. Gilroy**

**6/20/02**

**954-575-7150**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)