LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

1. Entity Nan	MENT# L	(J (041)	06-25-2002 90441 035 ****50.00	
60	ru Technology	Partners	, CCC.		
DO NOT WRITE IN THIS SP				303566	
			PACE		
2. Principal I	Place of Business 11535 Springs Heron Buy dul	3. Mailing Address 1. 1/555 Herry	Ban Ald.		
Sulte, Apt. ろいん 3	. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
Çity & Stat	e	City & State Corl Spring	· FC	4. FEI Number Applied For	
Zip	Country		Country	65-///577/ Not Applicable 5 Certificate of Status Desired	
<i>72</i> °7	6 U.S.A	Zip 33.076	U. S.A	5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent	
			Name Cor		
DO NOT WRITE			Street Address (P.O. Box Number is Not Acceptable)		
	IN-THIS-SP	AGE	1_36	East 6th Ave	
			City Tal	14hassee FL Zip Code.	
8. The above	named entity submits this statement for	the purpose of changing its	registered office or registe	red agent, or both, in the State of Florida.	
SIGNATURE			•	·	
	Signature, typed or printed name of registered agent a		rr je ésnán	DATE	
	3.	Make Check Pa	EE IS \$50.00 yable to Department of	f Staté	
41th 4 . w	18 18 X 2 19 1		UE BY MAY 1		
9.	MANAGING MEMBER	*	6 400 G. 100 500 500 500 500 500 500 500 500 500		
NAME STREET ADDRESS	Andrew J. 611	roy	NAME		
CITY-ST-ZIP	11555 Heren On, Coral Springs, FC	18.d. 33076	STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	Managing Ports	er 'mb-R"	TILE TO THE		
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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: And TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Phone #