

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

DOCUMENT # L01000016300  
1. Entity Name

METATECH, LLC

n/k/a MetaTech Ventures, LLC (amended 1-7-02)

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

12565 Research Parkway  
Suite, Apt. #, etc.  
300

3. Mailing Address

12565 Research Parkway  
Suite, Apt. #, etc.  
300

FILED  
02 APR 26 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

01-0609619

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

Zip

Country

32826

USA

Zip

32826

Country

USA

7. Name and Address of Current Registered Agent

Name

Grimm, William A, Esq.

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

c/o Gray, Harris & Robinson, P.A.

301 E. Pine Street, Suite 1400

City

Orlando

FL

Zip Code

32801

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

3000005432223--2  
-05/03/02--01012--014  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Manager

William A. Grimm  
301 E. Pine Street  
Orlando, FL 32801

Manager

Richard Q. Fox  
12565 Research Parkway, Ste. 300  
Orlando, FL 32826

**DO NOT WRITE  
IN THIS SPACE**

Manager

Steven P. Miller  
12565 Research Parkway, Ste. 300  
Orlando, FL 32826

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:

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

William A. Grimm, Manager (407)843-8880

Date

Daytime Phone #

CR2E083B (12/01)