

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90073 010 ****50.00

DOCUMENT # L02000010081

1. Entity Name
TECHNOLOGY FUNDING PARTNERS, LLC



Principal Place of Business
**209 W. RIDGEWOOD CT.
LONGWOOD, FL 32779-3311**

Mailing Address
**209 W. RIDGEWOOD CT.
LONGWOOD, FL 32779-3311**

24059551

2. Principal Place of Business
225 West Lake Faith Drive

3. Mailing Address
225 West Lake Faith Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192004 Chg-LLC CR2E083 (10/03)

City & State
Maitland, Florida

City & State
Maitland, Florida

4. FEI Number
22-3567048

Applied For
Not Applicable

Zip
32751

Country
USA

Zip
32751

Country
USA

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BARRY, STEPHEN T
209 W. RIDGEWOOD CT.
LONGWOOD, FL 32779-3311**

7. Name and Address of New Registered Agent

Name **Barry, Stephen T.**

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

225 West Lake Faith Drive

City **Maitland**

FL

Zip Code **32751**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to:
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BARRY, STEPHEN T
209 RIDGEWOOD CT.
LONGWOOD, FL 32779** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Barry, Stephen T.
225 West Lake Faith Drive
Maitland, FL 32751** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

STEPHEN T. BARRY

4-26-04 407-862-0360