2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
03 SEP 24 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000012343

1. Entity Name
NEW TECHNOLOGY INVESTMENTS, LLC

Principal Place of Business	Mailing Address
3003 TAMIAMI TRAIL NORTH STE. 210 NAPLES, FL 34103	3003 TAMIAMI TRAIL NORTH STE. 210 NAPLES, FL 34103

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
c/o SSI Acct +Tax Svc. Inc. 1500 Colonial Blvd Suite 235		c/o SSI Acct +Tax Svc. Inc. 1500 Colonial Blvd Suite 235	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State: Fort Myers, Florida		City & State: Fort Myers, Florida	
Zip: 33907	Country: USA	Zip: 33907	Country: USA

4. FEI Number 56-2286346 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REUS, ALEXANDER ESQ
5201 BLUE LAGOON DRIVE STE. 100
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name: SSI Accounting & Tax Service, Inc.
Street Address (P.O. Box Number is Not Acceptable): 1500 Colonial Blvd Suite 235
City: Fort Myers FL Zip Code: 33907

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] 8.27.03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Make Checks Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WIETH, FRANZ XAVER 3003 TAMIAMI TRAIL NORTH STE. 210 NAPLES, FL 34103	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500023302105 09/24/03--01021--005 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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] 9.22.03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #