

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000023403

1. Entity Name
UDR, TECHNOLOGIES, LLC



Principal Place of Business
2331 HANSEN CT.
TALLAHASSEE, FL 32301

Mailing Address
2331 HANSEN CT.
TALLAHASSEE, FL 32301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01292004 Chg-LLC CR2E083 (10/03)

4. EFI Number

51-0451934

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRIS, JAMES E
2331 HANSEN CT.
TALLAHASSEE, FL 32301

Name

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

City

FL

Zip Code

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 MGR
NAME PEARSON, MIKE MGR
STREET ADDRESS 2331 HANSEN COURT
CITY-ST-ZIP TALLAHASSEE, FL 32301

☒ Delete

TITLE PRESIDENT
NAME JAMES E. HARRIS
STREET ADDRESS 2331 HANSEN CT
CITY-ST-ZIP TALLAHASSEE FL 32301

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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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 of 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 #

1-29-04

850-216-2678

FILED
04 JAN 29 PM 6:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

