

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034075

FILED
Apr 30, 2004
Secretary of State

Entity Name: ASGARD TECHNOLOGY, LLC

Current Principal Place of Business:

305 SOUTH ANDREWS AVENUE, SUITE 505
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

305 SOUTH ANDREWS AVENUE, SUITE 505
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 76-0628036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RISTAINO, DAVID C
ONE SOUTHEAST THIRD AVENUE, 28TH FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: TIGHE, EDWARD M
Address: 305 S. ANDREWS AVE, SUITE 505
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGRM () Delete
Name: DAY, CHRISTOPHER
Address: 305 S. ANDREWS AVENUE, SUITE 505
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGRM () Delete
Name: CROW, JON
Address: 305 S. ANDREWS AVENUE, SUITE 505
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: EDWARD M. TIGHE

MGRM

04/30/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date