


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90130 020 ****55.00

DOCUMENT # L03000007283	
1. Entity Name KNIGHTSBRIDGE TECHNOLOGY PARTNERS, LLC	

Principal Place of Business 426 TERRACINA COURT NAPLES, FL 34119	Mailing Address 426 TERRACINA COURT NAPLES, FL 34119
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2. Principal Place of Business 3001 TAMiami TRAIL NORTH Suite, Apt. #, etc. Suite 100 City & State Naples, FL Zip 34103 Country U.S.	3. Mailing Address 3001 TAMiami TRAIL NORTH Suite, Apt. #, etc. Suite 100 City & State Naples, FL Zip 34103 Country U.S.
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04262004 Chg-LLC CR2E083 (10/03)

4. FEI Number 57-1158629		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent AUSTIN, ARLENE F 5811 PELICAN BAY BLVD., SUITE 201 NAPLES, FL 34108		
7. Name and Address of New Registered Agent Name WINGATE, RICHARD B. Street Address (P.O. Box Number is Not Acceptable) 3001 TAMiami TRAIL NORTH, SUITE 100 City NAPLES FL Zip Code 34103		

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 **RICHARD WINGATE** DATE **4/26/2004**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORITZ, CHRIS CHARLES 426 TERRACINA COURT NAPLES, FL 34119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **RICHARD WINGATE** / General Counsel / **4/26/2004** (239) 530-1222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #