2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 03, 2006 8:00 am Secretary of State

DOCUMENT # L03000025573 1. Entity Name TECHNOLOGY CORNER, L.L.C.							05-03-2006 9	90034 0	36 ****50	0.00
Principal Place of Business 333 SOUTH TAMIAMI TRAIL, SUITE 101 333 SOUTH TAMIAMI TR VENICE, FL 34285 Mailing Address 333 SOUTH TAMIAMI TR VENICE, FL 34285					ITE 101		1818 (1911 BB)11 BB)11 BB	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 		IBRI RTI IBBA
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03162006	Chg-LLC	CR2E0	83 (11/05)			
City & State		City & State			4. FEI Number 55-0839603				pplied For ot Applicable	
Zip	Zip Country		Zip	Country		5. Certificate	of Status Desired		\$5.00 Add Fee Require	
	6. Name	and Address of Current F	Registered Agent		-1.	7. Name and	Address of New Re	gistered /	Agent	
					Name					
MILLER, MICHAEL W 333 SOUTH TAMIAMI TRAIL, SUITE 101 VENICE, FL 34285					Street Address (P.O. Box Number is Not Acceptable)					
,					City				Zin Code	
						FL Zip Code				
	named entit tions of regis		the purpose of changing its	registere	ed office or register	red agent, or both	h, in the State of Flo	rida. Lam	familiar with,	and accept
SIGNATURE .										i
	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	Agent signature required	d when reinstating)		DATE		
Fi	iling Fee i		nd title il applicable. (NOT	E: Registere	d Ageni signature required	d when reinstating}		e check p	ayable to ent of State	9
Fi De	iling Fee i	is \$50.00 y 1, 2006			d Agent signature required	d when reinstating}	Florida	e check p Departm	ent of State	9
Fi	iling Fee i	is \$50.00	RS/MANAGERS	E: Registered 10.		f when reinstating}		e check p Departm	ent of State	e Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accorate and that my signifure 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 effective of trustee empoyered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGN