

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003424

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: TECHNOLOGY FINANCIAL GROUP, LLC

## Current Principal Place of Business:

3837 NORTHDALÉ BOULEVARD  
SUITE 313  
TAMPA, FL 33624 US

## New Principal Place of Business:

3837 NORTHDALÉ BOULEVARD  
SUITE 329  
TAMPA, FL 33624 US

## Current Mailing Address:

3837 NORTHDALÉ BOULEVARD  
SUITE 313  
TAMPA, FL 33624 US

## New Mailing Address:

3837 NORTHDALÉ BOULEVARD  
SUITE 329  
TAMPA, FL 33624 US

FEI Number: 05-0594340

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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/MANAGERS:

Title: MGR ( ) Delete  
Name: POVOLNY, GREGORY S  
Address: 3837 NORTHDALÉ BOULEVARD, SUITE 329  
City-St-Zip: TAMPA, FL 33624 US

Title: MGR ( ) Delete  
Name: POVOLNY, PATRICIA ANN  
Address: 3837 NORTHDALÉ BOULEVARD, SUITE 329  
City-St-Zip: TAMPA, FL 33624 US

## ADDITIONS/CHANGES:

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 exemption stated in Chapter 119, 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: PATRICIA POVOLNY

MGR

04/29/2008

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