## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036647

Entity Name: TECHNOLOGY OBJECTIVES, LLC

FILED Jan 31, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1015 STATE ROAD 436 127 W. FAIRBANKS AVE, PMB 509 WINTER PARK, FL 32789 SUITE 213

CASSELBERRY, FL 327075757 US **New Mailing Address:** 

127 W. FAIRBANKS AVE, PMB 509 WINTER PARK, FL 32789

**Current Mailing Address:** 

FEI Number: 20-1122238 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOLZKAMP, F. W. IV HOLZKAMP, F. W. IV 127 W. FAIRBANKS AVE, PMB 509 1015 STATE ROAD 436 SUITE 213 WINTER PARK, FL 32789 CASSELBERRY, FL 327075757 US

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: 01/31/2008

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM () Delete Title: (X) Change ( ) Addition Name: Name:

HOLZKAMP, F. W. IV HOLZKAMP, F. W. IV Address: 1015 STATE ROAD 436, SUITE 213 Address: 127 W. FAIRBANKS AVE, PMB 509 City-St-Zip: CASSELBERRY, FL 32707 US City-St-Zip: WINTER PARK, FL 32789 US

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: F. W. HOLZKAMP IV **MGRM** 01/31/2008