

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085770

FILED  
Apr 13, 2005  
Secretary of State

Entity Name: MBS TECHNOLOGY PARTNERS, LLC

## Current Principal Place of Business:

200 S. ORANGE AVENUE  
SUITE 1900  
ORLANDO, FL 32801

## New Principal Place of Business:

## Current Mailing Address:

200 S. ORANGE AVENUE  
SUITE 1900  
ORLANDO, FL 32801

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBERT M. GARDNER, PA  
157 E. NEW ENGLAND AVE.  
SUITE 370  
WINTER PARK, FL 32789 US

## Name and Address of New Registered Agent:

SEALY, BRETT A MR  
200 S. ORANGE AVE.  
SUITE 1900  
ORLANDO, FL 32801 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: BRETT SEALY

04/13/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition  
Name: SEALY, BRETT A MR  
Address: 200 S. ORANGE AVE., STE. 1900  
City-St-Zip: ORLANDO, FL 32801 US

Title: MGRM ( ) Change (X) Addition  
Name: SEALY, DOUGLAS J M  
Address: 200 S. ORANGE AVE., STE. 1900  
City-St-Zip: ORLANDO, FL 32801 US

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: BRETT SEALY

MGRM

04/13/2005

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