

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085770

FILED
Apr 25, 2006
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: 20-2665098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: BULLEIT, EDWIN
Address: 200 S. ORANGE AVE., STE 1900
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the 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: BRETT SEALY

MGRM

04/25/2006

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