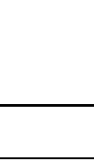
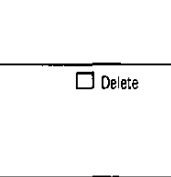


FILED
Apr 30, 2007 8:00 am
Secretary of State

DOCUMENT # L05000025797 1. Entity Name FLORIKAN TECHNOLOGIES, LLC			
Principal Place of Business 1579 BARBER ROAD SARASOTA, FL 34240		Mailing Address 1579 BARBER ROAD SARASOTA, FL 34240	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
6. Name and Address of Current Registered Agent			
HANAN, BENJAMIN R 240 SOUTH PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236			Name Street Address City
8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required)			
Filing Fee is \$50.00 Due by May 1, 2007			
9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROSENTNAL, JONATHAN 1579 BARBER RD SARASOTA, FL 34240	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained or indicated on this report is true and accurate and that my signature shall have the same legal effect as if a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.			
SIGNATURE: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			