



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90039 044 \*\*\*\*50.00

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DOCUMENT # L05000099577					
1. Entity Name TECHNOLOGY PARTNERS, LLC					
Principal Place of Business 6701 HANLEY ROAD TAMPA, FL 33634			Mailing Address 6701 HANLEY ROAD TAMPA, FL 33634		
2. Principal Place of Business		3. Mailing Address P.O. Box 24282		04052006 Chg-LLC CR2E083 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Tampa		4. FEI Number 20-3625013	
City & State		City & State FLA		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
33623	USA	33623	USA		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AYLWARD, ROBERT E 600 S. MAGNOLIA AVE. SUITE 100 TAMPA, FL 33606			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
Dir.	BLANCO, RAFAEL	4301 N. HABANA AVE. # 1	TAMPA, FL 33607		
Dir.	EISNEROS, FRANK	4918 LYFORD CAY RD.	TAMPA, FL 33629		
Dir.	CANEDO, MARIO	14601 Anchoret Rd.	TAMPA, FL 33624		
Dir.	LEON, GUILLERMO	18605 AVENUE CAPRI	LUTZ, FL 33558		
Dir.	menendez, Luis	2613 N. Dundee ST.	TAMPA, FL 33629		
Dir.	LEON, HERNAN	1230 GULF BLVD # 1101	CLEARWATER, FL 33767		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 				FRANK G. CISNEROS 4/11/06 813-2201361	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	