## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099577

Entity Name: TECHNOLOGY PARTNERS, LLC

FILED Apr 21, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 500 N. WESTSHORE BLVD. #405 4010 WEST STATE STREET TAMPA, FL 33607 #201 TAMPA, FL 33609 **Current Mailing Address: New Mailing Address:** P.O. BOX 24282 TAMPA, FL 33623 FEI Number: 20-3625013 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: AYLWARD, ROBERT E AYLWARD, ROBERT E 600 S. MAGNOLIA AVE. 600 S. MAGNOLIA AVE. SUITE 100 SUITE 125 TAMPA, FL 33606 US TAMPA, FL 33606 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: 04/21/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: (X) Change ( ) Addition () Delete BLANCO, RAFAEL BLANCO, RAFAEL Name: Name: Address: 4301 N. HABANA AVE #1 Address: 32 BAHAMA CIRCLE City-St-Zip: TAMPA, FL 33607 City-St-Zip: TAMPA, FL 33606 Title: Title: ( ) Delete () Change () Addition CISNEROS, FRANK Name: Name: Address: 4948 LYFORD CAY RD Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip: Title: () Delete Title: () Change () Addition CANEDO, MARIO Name: Name: 4201 BAYSHORE BLVD. #1101 Address: Address: City-St-Zip: TAMPA, FL 33611 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: LEON, GUILLERMO Name: 18605 AVENUE CAPRI Address: Address: City-St-Zip: LUTZ, FL 33558 City-St-Zip: Title: () Delete Title: () Change () Addition MENENDEZ, LUIS Name: Name: 2513 N. DUNDEE ST Address: Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip: Title: () Delete Title: () Change () Addition LEON, HERNAN Name: Name: Address: 4201 BAYSHORE BLVD #1204 Address: TAMPA, FL 33611 City-St-Zip: City-St-Zip:

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: FRANK G. CISNEROS D 04/21/2009