

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000069251

FILED  
Mar 09, 2008  
Secretary of State

Entity Name: TALBERT TECHNOLOGY CENTER, LLC

**Current Principal Place of Business:**

5450 WEST HILLSBORO BOULEVARD  
SUITE # 1  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

5450 WEST HILLSBORO BLVD.  
SUITE # 1  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

PO BOX 970852  
COCONUT CREEK, FL 33097

**New Mailing Address:**

PO BOX 5232  
MOORESVILLE, NC 28117

FEI Number: 27-0145654

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPADAVECCHIA, JOHN JR.  
5450 WEST HILLSBORO BOULEVARD  
SUITE # 1  
COCONUT CREEK, FL 33073 US

**Name and Address of New Registered Agent:**

SPADAVECCHIA, JOHN JR.  
5450 WEST HILLSBORO BLVD.  
SUITE #1  
COCONUT CREEK, FL 33073 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:

03/09/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SPADAVECCHIA, JOHN JR.  
Address: 5450 WEST HILLSBORO BOULEVARD # 1  
City-St-Zip: COCONUT CREEK, FL 33073

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SPADAVECCHIA, JOHN JR.  
Address: PO BOX 5232  
City-St-Zip: MOORESVILLE, NC 28117

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: JOHN SPADAVECCHIA, JR

MGR

03/09/2008

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