


**FILE NOW: Fee after May 1, will be \$588.75**

**APPROVED  
AND  
FILED**

**1997 MAR 10 AM 8:32**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company  <b>ORLANDO TECHCENTER, L.L.C. 1400 E. NEWPORT CENTER DRIVE SUITE 209 DEERFIELD BEACH FL 33442</b>		<b>DOCUMENT #</b> L95000000998  1a. Principal Place of Business Address  <b>1400 E. NEWPORT CENTER DRIVE SUITE 209 DEERFIELD BEACH FL 33442</b>	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country	
3. Date Organized or Qualified <b>12/26/1995</b>		3a. State of Formation <b>FL</b>	
4. FEI Number <b>65-0632700</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report <b>05/01/1996</b>		6. Certificate of Status Desired <input checked="" type="checkbox"/> <b>File as a Limited Liability Company</b>	
7. Name and Address of Current Registered Agent  <b>KAY, JAMES R 2000 PALM BEACH LAKES BOULEVARD SUITE 1002 WEST PALM BEACH FL 33409</b>		8. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City <b>FL</b> Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	ACKERMANS, UTA	HOCHSTRASSE 12, D-47877	WILLICH-SCHIEFBahn, G
MGR	HAHN, ULRICH	HOCHSTRASSE 12, D-47877	WILLICH-SCHIEFBahn, G
			<b>700002110527--8 -03/11/97--01129--025 *****203.75 *****203.75</b>
			<b>700002110527--8 -03/11/97--01129--025 *****8.75 *****8.75</b> <b>3/11/97</b>
11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: _____		<b>2-6-97 954-402-4585</b> Date Daytime Phone #	