

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90581 005 \*\*\*\*55.00

**DOCUMENT # L95000000998**

1. Entity Name

**ORLANDO TECHCENTER, L.L.C.**

Principal Place of Business

**1350 E. NEWPORT CENTER DRIVE  
 SUITE 206  
 DEERFIELD BEACH FL 33442**

Mailing Address

**P.O. BOX 4219  
 DEERFIELD BEACH FL 33442**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0632700**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAY, JAMES R  
 777 S. FLAGLER DR, SUITE 900  
 WEST PALM BEACH FL**

Name

**KAY, JAMES R.**

Street Address (P.O. Box Number is Not Acceptable)

**KAY LAW OFFICES**

**11505 FAIRCHILD GARDENS AVE. SUITE 203**

City

**PALM BEACH GARDENS**

**FL**

Zip Code

**33410**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGR  
 ACKERMANS, UTA  
 HOCHSTRASSE 12, D-47877  
 WILlich-SCHIEFBahn. GERMANY OC** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGR  
 MARKUS, VOLHOL  
 HOCHSTRASSE 12, D-47877  
 WILlich-SCHIEFBahn. GERMANY OC** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGR  
 GUENTHER, REIBLING  
 1350 E. NEWPORT CENTER DRIVE  
 DEERFIELD BEACH FL 33442** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGR  
 LORENZ, REIBLING  
 1350 E. NEWPORT CENTER DRIVE  
 DEERFIELD BEACH FL 33442** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**V  
 KASSOF, LINDA  
 1350 E. NEWPORT CENTER DRIVE  
 DEERFIELD BEACH FL 33442** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

11. I 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 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:**

*Linda Kassof* **LINDA G. KASSOF**

**4-25-02 954-426-4585**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)