


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  99 MAR -9 PM 1:23	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company  <b>ORLANDO TECHCENTER II, L.L.C.</b> <b>1400 E. NEWPORT CENTER DRIVE</b> <b>SUITE 209</b> <b>DEERFIELD FL 33442</b>		<b>DOCUMENT # L96000000159</b>  1a. Principal Place of Business Address  <b>1400 E. NEWPORT CENTER DRIVE</b> <b>SUITE 209</b> <b>DEERFIELD FL 33442</b>			
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>02/06/1996</b>  4. FEI Number <b>65-0648018</b>  5. Date of Last Report <b>04/09/1998</b>	
				3a. State of Formation <b>FL</b>  <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent  <b>KAY, JAMES R</b> <b>777 S. FLAGLER DR, SUITE 900</b> <b>WEST PALM BEACH FL 33401</b>			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City      Zip Code <div style="text-align: right;"><b>FL</b></div>		
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 term expires)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	ACKERMANS, UTA	HOCHSTRASSE 12, D-47877		WILLICH-SCHIEFBahn,	
MGR	MARKUS, VOLHEL	HOCHSTRASSE 12, D-47877		WILLICH-SCHIEFBahn,	
MGR	GUENTHER, REIBLING	1400 NEWPORT CENTER DR		DEERFIELD BEACH FL	
MGR	KASSOF, LINDA G.	1400 E. NEWPORT CENTER DR		DEERFIELD BEACH, FL	
MGR	RILEY, RODNEY	100 SOUTH ORANGE AVENUE		ORLANDO, FL	
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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.  <b>SIGNATURE:</b> <i>Linda Kassof</i> <i>2/26/99 954-428-4585</i>					