

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000159

1. Entity Name  
ORLANDO TECHCENTER II, L.L.C.

Principal Place of Business  
1350 E. NEWPORT CENTER, SUITE 206  
DEERFIELD BEACH FL 33442

Mailing Address  
P.O. BOX 4219  
DEERFIELD BEACH FL 33442-4219

FILED

01 APR 23 PM 5:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0648018

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 33401

Name

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

City

FL

Zip Code

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

TITLE VP  
NAME Linda Kassof  
STREET ADDRESS 1350 E. Newport Ctr, Dr. Ste 206  
CITY-ST-ZIP Deerfield Beach, FL 33442 ☐ Change ☐ Addition

TITLE MGR  
NAME MARKUS, VOLHEL  
STREET ADDRESS HOCHSTRASSE 12, D-47877  
CITY-ST-ZIP WILICH-SCHIEFBahn, GERMANY OC ☐ Delete

TITLE  
NAME 300004134588  
STREET ADDRESS -05/03/01-01125-005  
CITY-ST-ZIP \*\*\*\*\*55.00- \*\*\*\*\*55.00 ☐ Change ☐ Addition

TITLE MGR  
NAME GUENTHER, REIBLING  
STREET ADDRESS 1350 E. NEWPORT CENTER, SUITE 206  
CITY-ST-ZIP 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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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 KASSOF

4-16-01

954-428-4585

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

Date

Daytime Phone #

CR2E083 (11/00)