

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-12-2002 90581 004 ****55.00

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**

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

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
 WILICH-SCHIEFBahn, GERMANY OC** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 MARKUS, VOLHEL
 HOCHSTRASSE 12, D-47877
 WILICH-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, SUITE 206
 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 CTR DR STE 206
 DEERFIELD BEACH FL 33442** ☐ Delete

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

TITLE
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 CITY-ST-ZIP
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TITLE
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 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 G. Kasson

425-02 954-428-4588

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

Date

Daytime Phone #

CR2E083 (9/01)