## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: LINDA G. KASSOF
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## FILED Apr 30, 2004 8:00 am Secretary of State 04-30-2004 90070 014 \*\*\*\*55.00

DOCUMENT # L9600000159  1. Entity Name ORLANDO TECHCENTER II, L.L.C.						04-30-2004 90070 014 ****55.00				
Principal Place of Business Mailing Address 1350 E. NEWPORT CENTER, SUITE 206 DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33444					-4219			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		,
2. Principal Place of Business			3. Mailing Address							
·		3. Mailing Address					3016 02:11 00121 1132		LOLAU IOLA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04262004	Chg-LLC	CR2E083 (1	0/03)		
City & State		City & State			4. FEI Numbe 65-0648				olied For Applicable	
Zip	Country		Zip Count		try	5. Certificate of Status Desired St. \$5.00 Additional			tional	
6. Name and Address of Current F			egistered Agent		7. Name and Address of New Registered Agent					
KAY, JAMES R					Name KAY LAW OFFICES					
11505 FAIRCHILD GARDENS AVE STE 203					Street Address (P.O. Box Number is Not Acceptable) c/o JAMES R. KAY, ESQUIRE					
WEST PALM BEACH, FL 33410							UARE CROSS	SING STE	102B	
					City	-			ip 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. I am familiar with, and accept the obligations of registered agent.										
# te ubligations of registered agent.										
0.040	Signature, typed	or printed name of registered agent an	d title if applicable. (NOTE	: Registerer	d Agent signature require	d when reinstating)		DATE		
Filing Fee Is \$50.00 Due by May 1, 2004							Make	e check payab	le to	
Di	ue by Ma	y 1, 2004					Florida	Department o		•
9.		y 1, 2004  MANAGING MEMBER		10.			Florida ADDITIONS/	Department of CHANGES	of State	
	MGR ACKERM HOCHSTI	MANAGING MEMBER ANS, UTA RASSE 12, D-47877	□ Delete	TITLE NAM! STRE				Department of CHANGES		Addition
9. TITLE NAME STREET ADDRESS	MGR ACKERM HOCHSTI	MANAGING MEMBER	□ Delete	TITLE NAM! STRE	E Et address -St-Zip			Department of CHANGES	of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR ACKERM HOCHSTI WILLICH- MGR MARKUS	MANAGING MEMBER ANS, UTA RASSE 12, D-47877 SCHIEFBAHN, GERMAI	☐ Delete	TITLE NAME STRE CITY TITLE NAME	E ET ADDRESS : -ST-ZIP :			Department of CHANGES	of State	☐ Addition
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04/27/2004 Date