


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90070 014 \*\*\*\*55.00

<b>DOCUMENT # L96000000159</b>	
1. Entity Name <b>ORLANDO TECHCENTER II, L.L.C.</b>	

Principal Place of Business <b>1350 E. NEWPORT CENTER, SUITE 206 DEERFIELD BEACH, FL 33442</b>	Mailing Address <b>P.O. BOX 4219 DEERFIELD BEACH, FL 33442-4219</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04262004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>65-0648018</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>KAY, JAMES R 11505 FAIRCHILD GARDENS AVE STE 203 WEST PALM BEACH, FL 33410</b>		7. Name and Address of New Registered Agent Name <b>KAY LAW OFFICES</b> Street Address (P.O. Box Number is Not Acceptable) <b>c/o JAMES R. KAY, ESQUIRE</b> <b>700 VILLAGE SQUARE CROSSING, STE 102B</b> City <b>PALM BEACH GARDENS, FL</b> Zip Code <b>33410</b>	
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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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARKUS, VOLHEL HOCHSTRASSE 12, D-47877 WILLICH-SCHIEFBahn, GERMANY, OC <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUENTHER, REIBLING 1350 E. NEWPORT CENTER, SUITE 206 DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KASSOF, LINDA 1350 E NEWPORT CTR DR STE 206 DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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. KASSOF** **04/27/2004** **(954) 428-4585**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #