
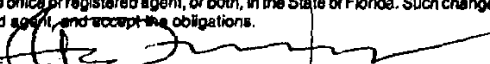



4 CAPITAL CONNECTION 850 222 1222 07/29 '99 15:16 NO.086 04/05  
File on or before May 1, 1999 or Limited Liability Company will be  
subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 07/29/99 12:45:30 TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company G TECHNOLOGY, L.C. 2959 ALAFAYA TRAIL, SUITE 121 OVIDO, FL 32765		DOCUMENT # L98000002656			
2. Principal Place of Business SAME		2a. Mailing Address		3. Date Organized or Qualified 11/10/98	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation FLORIDA	
City & State		City & State		4. FEI Number 59-3541295	
Zip		Zip		5. Date of Last Report N/A	
Country		Country		6. Certificate of Status Desired <input checked="" type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent/Office		
			Name TARIK CHODHURY		
			Street Address (P.O. Box Number is Not Acceptable) 2959 ALAFAYA TRAIL, SUITE 121		
			Suite, Apt. #, etc.		
			City OVIDO		
			Zip Code FL 32765		
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 7/29/99		
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	TARIK CHODHURY	2959 ALAFAYA TRAIL, SUITE 121 OVIDO, FL 32765		000002967690--5 -08/24/99--01012--009 ****588.75 ****588.75	
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.					
SIGNATURE: 			7/29/99		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER			Date Daytime Phone #		