



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90188 030 ***138.75

DOCUMENT # L99000001479 1. Entity Name PATENT TECHNOLOGIES, L.C.					
Principal Place of Business 5458 TOWN CWNTER ROAD SUITE 101 BOCA RATON, FL 33486			Mailing Address 5458 TOWN CWNTER ROAD SUITE 101 BOCA RATON, FL 33486		
2. Principal Place of Business - No P.O. Box # 670 GLADES ROAD		3. Mailing Address 670 GLADES ROAD			
Suite, Apt. #, etc. SUITE 220		Suite, Apt. #, etc. SUITE 220			
City & State BOCA RATON, FL		City & State BOCA RATON, FL			
Zip 33431		Country USA		4. FEI Number 65-0913443	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required		04102008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent BECKER, HILTON 921 SWEETWATER LANE BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 670 GLADES ROAD, SUITE 220 City BOCA RATON FL Zip Code 33431		
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 _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BECKER, HILTON 921 SWEETWATER LANE BOCA RATON, FL 33431		TITLE NAME STREET ADDRESS CITY - ST - ZIP	670 GLADES ROAD, SUITE 220 BOCA RATON, FL 33431	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" 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	
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 exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4/25/08 (Sun) 394-6656 <small>Date Daytime Phone #</small>		