2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008981

1. Entity Name

RMR TECHNOLOGIES, LLC

Principal Place of Business

234 E DAVIS BLVD
Tampa, FL 33606

Mailing Address

234 E DAVIS BLVD.
Tampa, FL 33606-3729

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State	City & State	4. FEI Number — [X] Applied For / [ ] Not Applicable
Zip / Country	Zip / Country	5. Certificate of Status Desired [ ] $5.00 Additional Fee Required

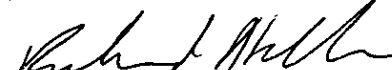| 6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Barnett, Scott F. 234 E DAVIS BLVD Tampa, FL 33606	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL _____ Zip Code

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.

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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE PD MGR. NAME Heller, Richard STREET ADDRESS 509 Terrace Hill Drive CITY-ST-ZIP Temple Terrace, FL 33617	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 700003282697 9 --06/03/00--01063--023 *****50.00 *****50.00	[ ] Change [ ] Addition
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CR2E083 (11/99)

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: _____   4-13-00   813 974-3065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #