

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 30, 2001 08:00 AM****Secretary of State****DOCUMENT # M00000001439**1. Entity Name
TECHNOLOGY INVESTMENT PARTNERS, LLC

Principal Place of Business	Mailing Address
8451 BOULDER COURT	8451 BOULDER COURT
WALLED LAKE MI 48390	WALLED LAKE MI 48390

2. Principal Place of Business	3. Mailing Address
8451 BOULDER COURT	8451 BOULDER COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number	Applied For
WALLED LAKE MI	WALLED LAKE MI	38-3452691	<input type="checkbox"/> Additional Fee Required
Zip	Country	5. Certificate of Status Desired	
48390	US	<input type="checkbox"/>	

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD

PLANTATION FL 33324 US

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 _____ **01/30/2001**
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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<input type="checkbox"/> Delete				<input type="checkbox"/>	<input checked="" type="checkbox"/>
	MGRM			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	KING KRISTINE AASST-SE	8451 BOULDER DR.	WALLED LAKE MI 48390	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Delete				<input type="checkbox"/>	<input checked="" type="checkbox"/>
	MGRM			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	GRADY SCOTT MVICE-PR	8451 BOULDER DR.	WALLED LAKE MI 48390	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Delete				<input type="checkbox"/>	<input checked="" type="checkbox"/>
	MGRM			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	RUTHERFORD THOMAS RSECRETA	8451 BOULDER DR.	WALLED LAKE MI 48390	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Delete				<input type="checkbox"/>	<input checked="" type="checkbox"/>
	MGRM			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	CALLAHAN PATRICK HCEO	8451 BOULDER DR.	WALLED LAKE MI 48390	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Delete				<input type="checkbox"/>	<input checked="" type="checkbox"/>
	MGR			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	TIP HOLDING, INC.	8451 BOULDER DR.	WALLED LAKE MI 48390	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Delete				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Thomas R. Rutherford MGRM 01/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)