## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # M00000001984**

1. Entity Name

TECHNOLOGY CENTER OF THE AMERICAS, LLC



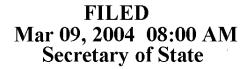
Principal Place of Business

2601 S BAYSHORE DR., 9TH FLOOR MIAMI, FL 33133

Mailing Address

2601 S BAYSHORE DR., 9TH FLOOR

MIAMI, FL 33133





01072004 No Chg-LLC

CR2E083 (10/03)

| 4. FEI Number                    |                                   | Applied For    |
|----------------------------------|-----------------------------------|----------------|
| 65-1086617                       | Г.                                | Not Applicable |
| 5. Certificate of Status Desired | \$5.00 Additional<br>Fee Required |                |

6. Name and Address of Current Registered Agent

SICHTA, ROBERT D 2601 S BAYSHORE DR., 9TH FLOOR MIAMI, FL 33133

IIAMI, FL 33133

SIGNATURE:

| DO | NOT  | WRITE        |
|----|------|--------------|
| IN | THIS | <b>SPACE</b> |

|                                       | named entity submits this statement for the purpose of chan<br>ions of registered agent.  | ging its registered office or registered agent, or bo  | oth, in the State of Flortda. I am familiar with, and accept   |
|---------------------------------------|---|--|--|
| SIGNATURE_                            | Signature, typed or printed name of registered agent and title if applicable  | (NOTE, Registered Agent signature required when reinstating)   | DATE   |
| Fi<br>D:                              | ling Fee is \$50.00<br>ue by May 1, 2004  |  | U00000082446<br>03/09/04-80030-010 50.00   |
| 9.                                    | MANAGING MEMBERS/MANAGERS   |  | <del></del>  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM<br>TECOTA SERVICES CORP.<br>2601 S BAYSHORE DR., 9TH FLOOR<br>MIAMI, FL 33133  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   | DO   | NOT WRITE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   | IN   | THIS SPACE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |  |  |
| 11. I hereby of indicated limited lia | perify that the information supplied with this filing does not queen this report is true and accurate and that my signature sha<br>bility company or the receiver of trustee empowered to execu | ualify for the exemption stated in Section 119.07(3)<br>all have the same legal effect as if made under oat<br>ute this report as required by Chapter 608, Florida | (i). Florida Statutes I further certify that the information is that I am a managing member or manager of the Statutes |

ADT. JOH AT TEXADA SOURCE COM.