2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 06, 2005 08:00 AM

			• A () A A ()
DOCUMENT # M0000001984 1. Entity Name TECHNOLOGY CENTER OF THE AMERICAS, LLC			Secretary of Stat
Principal Place of Business 2601 S BAYSHORE DR., 9TH FLOOR MIAMI, FL 33133 Mailing Address 2601 S BAYSHORE DR., 9TH FLOOR MIAMI, FL 33133			
······························	and the second s		
DO NOT WRITE IN THIS SPACE			03092005No Chg-LLC
L	OUNUI WHILE IN THIS SPA		4. FEI Number Applied For S5-1086617 Not Applied For Scription Scr
	5. Name and Address of Current Registered Agent		Fee Required
SICHTA, ROBERT D 2601 S BAYSHORE DR., 9TH FLOOR MIAMI, FL 33133			DO NOT WRITE
			IN THIS SPACE
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 Signature, typed or printed name of registered agent and title if applicable. INOTE Registered Agent signature required when reinstating) DATE			
Filing Fee is \$50.00 Due by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TECOTA SERVICES CORP. 2601 S BAYSHORE DR., 9TH FLOOR MIAMI, FL 33133		U00000230656
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS			DO NOT WRITE
CITY-ST-ZIP	the second secon	_	DO NOT WRITE
TITLE NAME STREET ADDRESS			IN THIS SPACE
CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP			and photos
TITLE NAME STREET ADDRESS			
	1		

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 receiper or pustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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