

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M01000002366

**FILED**  
**Jan 05, 2004**  
**Secretary of State**

**Entity Name:** DARBY TECHNOLOGY CENTERS, LLC

**Current Principal Place of Business:**

2000 PONCE DE LEON BLVD.  
6TH FLOOR  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2000 PONCE DE LEON BLVD.  
6TH FLOOR  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 52-2334207

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

DEWITT, RICHARD J MR.  
2000 PONCE DE LEON BLVD.  
SIXTH FLOOR  
CORAL GABLES, FL 33134 US

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:** RICHARD J. DEWITT

01/05/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** MGRM ( ) Delete  
**Name:** DARBY TECHNOLOGY VEN, TURES GROUP, L L C  
**Address:** 1133 CONNECTICUT AVE., NW  
**City-St-Zip:** WASHINGTON, DC 20036

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** RIGHT SPACE MANAGEME, NT, INC.  
**Address:** 2000 PONCE DE LEON BLVD.  
**City-St-Zip:** CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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:** RIGHT SPACE MANAGEMENT, INC.

MGRM

01/05/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date