2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Mailing Address

2000 PONCE DE LEON BLVD.

DOCUMENT # M0100002366

1. Entity Name

Principal Place of Business

2000 PONCE DE LEON BLVD.

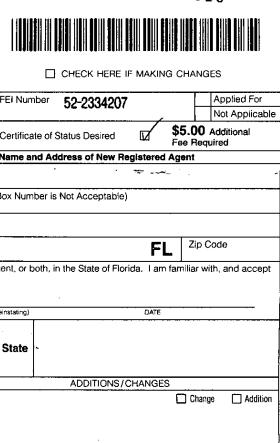
DARBY TECHNOLOGY CENTERS, LLC



FILED Jan 29, 2003 8:00 am Secretary of State

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| 6TH FLOOR CORAL GABLES FL 33134 | | | 6TH FLOOR CORAL GABLES FL 33134 | | | 1 | | | | |
|--|--------------------------------|--|------------------------------------|---|---|---|---------------------------------|-----------------|-------------------------------|--|
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | | |
| City & State | | | City & State | | | 4. FEI Number 52-2334207 | | _ | Applied For Not Applicable | |
| Zip | | Country | Zip | ip Country | | 5. Certificate of Status Desired \$5.00 Additional Fee Required | | | | |
| | 6. Name | and Address of Current I | Registered Agent | 7. Name and Address of New Registered Agent | | | | | | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 | | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | | | | | | | |
| | | | | City | | | FL Zip C | | | |
| the obligat | named entity ions of regist | y submits this statement for ered agent. | r the purpose of changing | its registere | ed office or regis | tered agent, or b | oth, in the State of Florida. I | am familiar wil | h, and accept | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | |
| | | | Make Check Paya | | - | | | | | |
| 9. | | MANAGING MEMBER | RS/MANAGERS | 10. | | | ADDITIONS/CHAN | GES | | |
| TITLE NAME | | | | TITLE | 1 | | | ☐ Chang | e 🔲 Addition | |
| STREET ADDRESS CITY-ST-ZIP | 1133 CON | INECTICUT AVE., NW TON DC 20036 | | STRE | ET AODRESS - ST- ZIP | | | | | |
| TITLE NAME | | | ☐ Delete | TITLE | | | | ☐ Change | e | |
| STREET ADDRESS CITY-ST-ZIP | | | | STREI | ET ADDRESS | | | | , | |
| TITLE | | والمناف من المعالمين المنافع ا | ☐ Delete | TITLE | | | | Change | e | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | ET ADDRESS -ST-ZIP | | | | | |
| TITLE NAME | | | ☐ Delete | TITLE | 1 | | | ☐ Change | e 🗌 Addition | |
| STREET ADDRESS CITY-ST-ZIP | | | | | ET ADDRESS ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS | | | ☐ Delete | TITLE NAME STREE | I | | | ☐ Change | e | |
| CITY-ST-ZIP | | | | | ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS | | | ☐ Delete | TITLE NAME STREE | | | | Change | e 🗌 Addition | |

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.