

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 27, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000002645 1. Entity Name MANAGEMENT TECHNOLOGY GROUP, L.L.C.	
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Principal Place of Business 1111 THIRD AVENUE STE. 270 SEATTLE, WA 98101	Mailing Address 1111 THIRD AVENUE STE. 270 SEATTLE, WA 98101
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DO NOT WRITE IN THIS SPACE



07012004No Chg-LLC CR2E083 (10/03)

4. FEI Number 91-1725305	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HAAS, CINDY 1612 EUNICE LANE BAKER, FL 32531

**DO NOT WRITE
IN THIS SPACE**

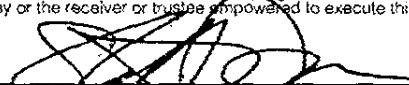
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)	DATE _____

**Filing Fee is \$50.00
Due by September 8, 2004**

U000000170997
08/27/04-80001-010 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DAVIS, STEPHEN L 1111 THIRD AVENUE STE. 270 SEATTLE, WA 98101
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MARLATT, ROBERT J 1111 THIRD AVENUE STE. 270 SEATTLE, WA 98101
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR REH, CHRISTOPHER A 1111 THIRD AVENUE STE. 270 SEATTLE, WA 98101
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WHEELER, JOSPEH D.K. 1111 THIRD AVENUE STE. 270 SEATTLE, WA 98101
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	7/6/04 206-442-5010 Date Daytime Phone #