2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2008
Secretary of State

DOCUMENT# M07000007171

Entity Name: TECHNICAL PROPERTIES, LLC

Current Principal Place of Business:

2375 VENTURA DRV #A
WOODBURY, MN 55125

New Principal Place of Business:

Current Mailing Address:

2375 VENTURA DRV #A
WOODBURY, MN 55125

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEHNER, WILLIAM
6061 SILVERKING BLVD UNIT 603
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

LEHNER, WILLIAM T
6061 SILVERKING BLVD UNIT 603
CAPE CORAL, FL 33914 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: WILLIAM LEHNER 03/28/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: LEHNER, WILLIAM
Address: 2375 VENTURA DRV #A
City-St-Zip: WOODBURY, MN 55125

Title: MGR ( ) Delete
Name: TAYLOR, CHRIS
Address: 2375 VENTURA DRV #A
City-St-Zip: WOODBURY, MN 55125

Title: MGR ( ) Delete
Name: WAGNER, MARK
Address: 2375 VENTURA DRV #A
City-St-Zip: WOODBURY, MN 55125

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WILLIAM LEHNER MGR 03/28/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date