## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE: By: Gregory, V. Combs, its Vice President Signature and typed or printed name of signing managing member, manager, or authorized represi

MALNUT CREEK ASSOCIATES, LLC  WALNUT CREEK ASSOCIATES, LLC  OI APR 23 PM 1;: 00  SECRETARY OF STATE TALLAHASSEE, FLGRIDA  TOO WEST PALLETTO PAIR ROAD, SUITE 408 BOOK ARTON R, 39438  Z. Principal Place of Business Suite, Apr. 4, etc.  OI APR 23 PM 1;: 00  SECRETARY OF STATE TALLAHASSEE, FLGRIDA  Z. Principal Place of Business Suite, Apr. 4, etc.  OI APR 23 PM 1;: 00  SECRETARY OF STATE TALLAHASSEE, FLGRIDA  Applied For OND WRITE IN THIS SPACE, OIN & State  OI NOT WRITE IN THIS SPACE, OIN & State OI NOT WRITE IN THIS SPACE, OIN & State OI NOT WRITE IN THIS SPACE, OIN & State OI NOT WRITE IN THIS SPACE, OIN & State OI NOT WRITE IN THIS SPACE, OIN & State OI NOT WRITE IN THIS SPACE, OIN & State OI NOT WRITE IN THIS SPACE, OIN & State OI NOT WRITE IN THIS SPACE, OIN & State OI NOT WRITE IN THIS SPACE, OIN & State OI NOT WRITE IN THIS SPACE, OIN & State OI NOT WRITE IN THIS SPACE, OIN & State OI NOT WRITE IN THIS SPACE, OIN & State OI NOT WRITE IN THIS SPACE, OIN & State OI NOT WRITE IN THIS SPACE, OIN & State OI NOT WRITE IN THIS SPACE, OIN & State OI NOT WRITE IN THIS SPACE, OIN & State OI NOT WRITE IN THIS SPACE, OIN & State OIN OI APR 23 PM 1;: 00 SECRETARY OF STATE TALLAHASSEE, FLGRIDA  Applied For OIN ON THIS SPACE, OIN ON THIS SPACE, OIN ON THIS SPACE, OIN & State OIN ON THIS SPACE, OIN OIL APR. OIN ON THIS SPACE, OIN OIL APR. OIL APPLIED					<u> </u>					
WALNUT CREEK ASSOCIATES, LLC  OUT PR 23 PM 4: 00  SECRETARY OF STATE FILL AHASSEE, FLORIDA  TOD WEST PALMETTO PARK ROAD, SUITE 08  BOCA ANTON R. 29439  DO NOT WEST PALMETTO PARK ROAD, SUITE 08  BOCA ANTON R. 29439  S. Mining Address  DO NOT WEST PALMETTO PARK ROAD, SUITE 08  BOCA ANTON R. 29439  DO NOT WEST PALMETTO PARK ROAD, SUITE 08  BOCA ANTON R. 29439  S. Mining Address  DO NOT WEST PALMETTO PARK ROAD, SUITE 08  BOCA ANTON R. 29439  DO NOT WEST FALMETTO PARK ROA	DOCUMENT # L0000007334						FILED			
### PROCESS FALLETTO PARK ROAD. SUITE 408 ### BOCA RATION FL 3343  ###	•						01 APR 23 PM 4: 00			
### PROCESS FALLETTO PARK ROAD. SUITE 408 ### BOCA RATION FL 3343  ###						TA:	ECRETARY OF STAT	E :	•	
BOCA RATION FL 3943  BOCA RATION FL 3945  2. Principal Place of Suemass  2. Mailing Address  Suite, Apt. #, etc.  Coy & State  Coy & State  Coy & State  A. FEJ Jumps 324.91  A. Certificate of Statutal Desired	Principal Place of Business Mailing Address						LLAMASSEE, FLORI	DA		
Suite, Apr # etc.    Dity & State					OAD. SUITE 408		; ;	•		
Suite, Apr # etc.    Dity & State										
City & State  Coy & State  Coy & State  Coy & State  Country  Zo  Country  So Certificate of Status Desired  Status Desired  Status Address of Current Registered Agent  To Name and Address of New Registered Agent  To Name Agent Address of New Registered Agent  To Name Address of Name Registered Agent  To Name Address Agent Age	2. Principal P	Place of Business	3. Mailing Address				] I 1881/1971 BIN BRINK			
Solution   Service Country   Zip	Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE;			
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  1. Name  1. Name  1. Name  1. Name  1. Name  1. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  1. Name	City & State		City & State		· ·	4. FEI N	5-1032491	<del> </del>		
Name    Street Address (PO Box Number is Not Acceptable)	Zip	Country	Zip	Zip Coun		5 Certificate of Status Desired \$5.00 Additional				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALIAHASSEE FI. 32301-2525  City FL Zip Code  6. 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  Signature, typed or private rame or registered agent, and the statement for the purpose of changing its registered Agent approach recurses when remaining   DATE  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  8. MANAGING MEMBERS/MEMBERS  INT. ST. 20  Make Signat Addition  Make Signat Addition  Signat Addition  Make Signat Addition  THE   Date   THE   MAKE   Signat Addition  Make Signat Addition  THE   Date   THE   MAKE   Signat Addition  Make		6. Name and Address of Current	Registered Agent			7. Name	e and Address of New Registe	ared Agent		
1201 HAVS STREET TALLAHASSEE FL 32301-2525  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature, yeard or printed name of registered speet and tits it sportable. (POTE Registered Agent dynama registered agent, or both, in the State of Florida.  SIGNATURE  Signature, yeard or printed name of registered speet and tits it sportable. (POTE Registered Agent dynama registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  MAKE Check Payable to Department of State  9. MANAGING MEMBERS/MEMBERS  10. ADDITIONS/CHANGES  SIRREL MODIES	-									
TALLAHASSEE FL 32301-2525  City FL Zip Code  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.  SIGNATURE    Signature, Typed or printed name of registered table 1 explication.   Incidence Apens agreement Apens agreement Apens agreement agent and the sequence of the purpose of changing its registered agent, or both, in the State of Florida.    Signature   Signature, Typed or printed name of registered pages and that it is purpose of the purpose of changing its registered agent, or both, in the State of Florida.    Signature   Signature, Typed or printed name of registered pages and the sequence when reministering   Date	The state of the s				Street Address (P.O. Box Number is Not Acceptable)					
B. 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    Signature, hydrod or printed name of registered agent and sile if applicable   (POTTE Registered Agent agent away was in the state of Florida.)    FILE NOW!!! FEE IS \$50.00     Make Check Payable to Department of State	(3)									
SIGNATURE    Signature, typed or printed routine of registered agent and time if expeciable.   (NOTE Registered Agent agrees are equived when inertializery)   DATE					City			FL Zip Cod	e	
FILE NOW!!! FEE IS \$50.00   Make Check Payable to Department of State	8. The above	named entity submits this statement for	or the purpose of chan	ging its register	ed office or regis	stered agent,	or both, in the State of Florida.			
FILE NOW!!! FEE IS \$50.00   Make Check Payable to Department of State	SIGNATURE .					<u>,</u>				
Make Check Payable to Department of State  9. MANAGING MEMBERS   10.   ADDITIONS/CHANGES  ITTLE   Delete   TITLE   342 North Main St. Suite 200 West Hartford, CT 06117  ITTLE   MAME   STREET ADDRESS   CITY-ST-ZP   Change   Addition    STREET ADDRESS   CITY-ST-ZP   Change   Addition    TITLE   Delete   TITLE   Change   Addition    MAKE STREET ADDRESS   CITY-ST-ZP    TITLE   Delete   TITLE   Change   Addition    MAKE STREET ADDRESS   CITY-ST-ZP    TITLE   Delete   TITLE   Change   Addition    MAKE STREET ADDRESS   CITY-ST-ZP    TITLE   Delete   TITLE   Change   Addition    MAKE   STREET ADDRESS   CITY-ST-ZP    TITLE   Delete   TITLE   Change   Addition    MAKE   STREET ADDRESS   CITY-ST-ZP    TITLE   Delete   TITLE   Change   Addition    MAKE   STREET ADDRESS   CITY-ST-ZP    TITLE   Delete   TITLE   Change   Addition    MAKE   STREET ADDRESS   CITY-ST-ZP    TITLE   Delete   TITLE   Change   Addition    MAKE   STREET ADDRESS   CITY-ST-ZP    MAKE   STREET ADDRESS   CITY-ST-ZP    MAKE   Delete   TITLE   Change   Addition    MAKE   STREET ADDRESS   CITY-ST-ZP    MAKE   STREET ADDRESS   CITY-ST-ZP    MAKE   Change   Addition    MAKE   Change		Signature, typed or printed name of registered agent	t and title if applicable.	(NOTE: Registere	d Agent signature requ	uired when reinstati	ng)	DATE		
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