E083 (9/01

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 29, 2002 8:00 am DOCUMENT # L0000007334 **Secretary of State** 1. Entity Name 03-29-2002 91214 030 \*\*\*\*50 00 WALNUT CREEK ASSOCIATES, LLC Principal Place of Business Mailing Address 7000 WEST PALMETTO PARK ROAD, SUITE 408 7000 WEST PALMETTO PARK ROAD. SUITE 408 **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-1032491 Not Applicable Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City 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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. Addition TITI F MGR ☐ Delete TITLE Maria Ashenfelter NAME S. KONOVER, INC. 7000 West Palmetto Park Road STREET ADDRESS STREET ADDRESS 342 NORTH MAIN ST., SUITE 200 Boca Raton, FL 33433 CITY-ST-ZIP CITY-ST-ZIP WEST HARTFORD CT 06117 Addition Change TITLE VP/CFOGregory V. Combs ☐ Delete TITLE NAME 7000 West Palmetto Park Road STREET ADDRESS STREET ADDRESS Boca Raton, FL 33433 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE Kristèn Mirrione NAME STREET ADDRESS STREET ADDRESS 7000 West Palmetto Park Road CITY-ST-ZIP CITY-ST-ZIP Boca Raton, FL 33433 Change Addition ☐ Delete TITLE TITLE Assistant Sec. NAME Sandra G. Siblvay STREET ADDRESS STREET ADDRESS 342 North Main Street CITY-ST-ZIP CITY-ST-ZIP West-Hartford, CT 06117 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI E TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.