

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90040 038 ****50.00

DOCUMENT # L01000011921



1. Entity Name
RORIMER-TURK HOLDING COMPANY, LLC

Principal Place of Business
**463 ROWE MOUNTAIN RD.
BRADFORD NH 03221**

Mailing Address
**463 ROWE MOUNTAIN RD.
BRADFORD NH 03221**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **01-0632678**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARVEY, F. WILLIAM ESQ.
C/O FISCHMAN, HARVEY & DUTTON, P.A.
3050 BISCAYNE BLVD., STE. 600
MIAMI FL 33137**

Name
Street Address (P.O. Box Number is Not Acceptable)
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** Delete
NAME **LETTVIN, JOAN R**
STREET ADDRESS **463 ROWE MTN RD**
CITY-ST-ZIP **BRADFORD NH 03221**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** Delete
NAME **LETTVIN, ELLEN**
STREET ADDRESS **552 N 68M ST**
CITY-ST-ZIP **SEATTLE WA 98103**

TITLE Change Addition
NAME **Ellen Lettvin**
STREET ADDRESS **4673 41st Ave NE**
CITY-ST-ZIP **Seattle WA 98105-3905**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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.

SIGNATURE Lois R. Lettvin **SIGNATURE REQUIRED**

4-7-03 603-938-5373

CR2E083 (10/02)