

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90035 048 \*\*\*\*50.00

**DOCUMENT # L93000000153**

1. Entity Name  
**TRICOR HOLDINGS, L.C.**

Principal Place of Business      Mailing Address  
**120 S. UNIVERSITY DR., SUITE C**      **120 S. UNIVERSITY DR., SUITE C**  
**PLANTATION FL 33324**      **PLANTATION FL 33324**

**945853**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0437617</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>FEINSTEIN, MARVIN</b> <b>120 S. UNIVERSITY DRIVE, SUITE C</b> <b>PLANTATION FL 33324</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		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 \_\_\_\_\_ (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**

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	<b>MEM</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MARCO, LISA</b>			NAME			
STREET ADDRESS	<b>2795 PADDOCK RD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>WESTON FL 33331</b>			CITY-ST-ZIP			
TITLE	<b>MEM</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>CUMMINGS, PAUL M</b>			NAME			
STREET ADDRESS	<b>1428 BRICKELL AVE #400</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL 33131</b>			CITY-ST-ZIP			
TITLE	<b>MEM</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>VOLSKY, GEORGE</b>			NAME			
STREET ADDRESS	<b>1428 BRICKELL-AVE #400</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL 33131</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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.

**SIGNATURE:** *L Marco* **SIGNATURE REQUIRED** *4/16/02* *954423-9749*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

0019852  
 CR2E083 (9/01)