

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 22, 2001 08:00 AM****Secretary of State****DOCUMENT # L98000001957**1. Entity Name  
TELLURIDE HOLDINGS, L.C.

Principal Place of Business	Mailing Address
800 DOUGLAS ROAD LA PUERTA DEL SOL-STE 245 CORAL GABLES FL 33134	800 DOUGLAS ROAD LA PUERTA DEL SOL-STE 245 CORAL GABLES FL 33134

2. Principal Place of Business	3. Mailing Address
800 DOUGLAS ROAD Suite, Apt. #, etc. LA PUERTA DEL SOL, SUITE 245	800 DOUGLAS ROAD Suite, Apt. #, etc. LA PUERTA DEL SOL, SUITE 245

City & State	City & State
CORAL GABLES FL	CORAL GABLES FL

Zip	Country	Zip	Country
33134		33134	

4. FEI Number  
**65-0865944**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
B&C CORPORATE SERVICES, INC. 201 SOUTH BISCAYNE BLVD., STE 3000  MIAMI FL 33131 US	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.

SIGNATURE \_\_\_\_\_ DATE **01/22/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEINER BARRY E 800 DOUGLAS ROAD - SUITE 245 CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALPETER SCOTT E 800 DOUGLAS ROAD - SUITE 245 CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASSEL JAMES S 800 DOUGLAS ROAD - SUITE 245 CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SCOTT E SALPETER** MGRM 01/22/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)