2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2003
Secretary of State

DOCUMENT# L98000001957

Entity Name: TELLURIDE HOLDINGS, L.C.

Current Principal Place of Business:

ONE ALHAMBRA PLAZA
SUITE 1410
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

ONE ALHAMBRA PLAZA
SUITE 1410
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0865944 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALPETER, SCOTT E
ONE ALHAMBRA PLAZA
SUITE 1410
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	CASSEL, JAMES S	
Address:	ONE ALHAMBRA PLAZA, SUITE 1410	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	MGRM	( ) Delete
Name:	SALPETER, SCOTT E	
Address:	ONE ALHAMBRA PLAZA, SUITE 1410	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	MGRM	( ) Delete
Name:	STEINER, BARRY E	
Address:	ONE ALHAMBRA PLAZA, SUITE 1410	
City-St-Zip:	CORAL GABLES, FL 33134	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 04/08/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date