

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 22, 2002 8:00 am
Secretary of State

09-22-2002 90065 020 ****50.00

DOCUMENT # L99000002879

1. Entity Name

TORSAD PARTNERS, LLC

Principal Place of Business

Mailing Address

**SHUTTS & BOWEN LLP C/O GR
 201 S. BISCAYNE BLVD., 1600 MIAMI CENTER
 MIAMI FL 33131**

**SHUTTS & BOWEN LLP C/O GR
 201 S. BISCAYNE BLVD., 1600 MIAMI CENTER
 MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

11 VICKSBURG ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-2486219**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION COMPANY OF MIAMI
 201 SOUTH BISCAYNE BOULEVARD
 1600 MIAMI CENTER
 MIAMI FL 33131**

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 

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 September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
 NAME **MGR**
 STREET ADDRESS **BELHUMEUR, WILLIAM D**
 CITY-ST-ZIP **447 ORANGE STREET, APT 42**
OAKLAND CA 94610

TITLE ☒ Change ☐ Addition
 NAME **MGR**
 STREET ADDRESS **BELHUMEUR, WILLIAM D**
 CITY-ST-ZIP **11 VICKSBURG ST.**
SAN FRANCISCO, CA 94114

TITLE ☐ Delete
 NAME **MGR**
 STREET ADDRESS **HAMLIN, STUART F**
 CITY-ST-ZIP **911 UNION STREET**
SAN FRANCISCO CA 94133

TITLE ☒ Change ☐ Addition
 NAME **MGR**
 STREET ADDRESS **HAMLIN, STUART F**
 CITY-ST-ZIP **66 ATWOOD AVE**
SAUSALITO, CA 94965

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

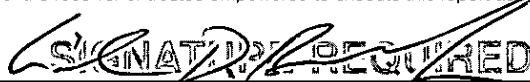
TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:



WILLIAM BELHUMEUR 9/10/02 415-550-1106

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)