2001 UNIFORM BUSINESS REPORT (UBR)

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TELLURIC GROUP, L.L.C.				OLMAY-2 P	H 1:39	
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Principal Place of Business	Mailing Address			SECRETARY O	F 5 IAI E FI ORID∆	
9000 CYPRESS GREEN DRIVE. SUITE 105 JACKSONVILLE FL 32256	4536 BULL RUN ROAD JACKSONVILLE FL 32210			1,765,71179000	TOMBA	
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2. Principal Place of Business	3. Mailing Address					
4600 TOUCHTON ROAD	J					. ,
Suite, Apt. #, etc.	Suite, Apt. #, etc.	•		DO NOT WRITE IN	THIS SPACE	
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JACKSONVILLE, FL				59-3594731	<u> </u>	ot Applicable
Zip Country	Zip	Country	5. Certi	ficate of Status Desired	\$5.00 Ad	
6. Name and Address of Curren	nt Registered Agent			and Address of New Regist	Fee Require	•d
Name and Addition	it riogistoros rigent	Name		bito Addiess of New Hogis	torou Agent	,
GARRETT, JAMES B		Street Ado	Street Address (P.O. Box Number is Not Acceptable)			
4536 BULL RUN ROAD		Street Add	Street Address (F.O. Box Number is Not Acceptable)			
JACKSONVILLE FL 32210						
		City			FL Zip Cod	e
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2. The allows sympoticality submits this ctatemed t	for the purpose of changing its a	naistored office or re	raintered agent a			
8. The above named entity submits this statement	for the purpose of changing its	egistered office or re	egistered agent, o	or both, in the State of Florida.		,
The above named entity submits this statement SIGNATURE	J. BRIAN GA	RAETT. MA	NAGING 1	nember 26 n	nar ol	
/1X. X A	J. BRIAN GA	_	NAGING 1	nember 26 n	MAROL DATE	
SIGNATURE	J. BRAN GA	RAETT. MA	NAGING I	nember 26 n	MAR OL	
SIGNATURE	J. BRAN GA	Registered Agent signature	NAGING 1 required when reinstation	nember 26 n	MAROL DATE	
SIGNATURE Signature, typed or presentance of registered agen	T. BRIAN GA nt and title if applicable. (NOTE FILE NCT Make Check Pa	Registered Agent signature W!!! FEE IS \$50	NAGING 1 required when reinstation	nember 76 n	DATE	
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