

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Mar 26, 2009  
Secretary of State**

DOCUMENT# M05000005857

Entity Name: TCPC ASSOCIATES, LLC

**Current Principal Place of Business:**

730 THIRD AVENUE 8TH FLOOR  
NEW YORK, NY 10017

**New Principal Place of Business:**

**Current Mailing Address:**

730 THIRD AVENUE 8TH FLOOR  
NEW YORK, NY 10017

**New Mailing Address:**

FEI Number: 16-1735872      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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/MANAGERS:**

Title: MGR ( ) Delete  
Name: AMATO, SUZAN  
Address: 730 THIRD AVENUE 8TH FLOOR  
City-St-Zip: NEW YORK, NY 10017

Title: MGR ( ) Delete  
Name: GARBUTT, THOMAS C  
Address: 730 THIRD AVENUE 8TH FLOOR  
City-St-Zip: NEW YORK, NY 10017

Title: MGR ( ) Delete  
Name: MCANDREWS, PHILIP  
Address: 730 THIRD AVENUE 8TH FLOOR  
City-St-Zip: NEW YORK, NY 10017

Title: MGR ( ) Delete  
Name: WOOD, MARK J  
Address: 730 THIRD AVENUE 8TH FLOOR  
City-St-Zip: NEW YORK, NY 10017

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MICHAEL, TREVOR  
Address: 730 THIRD AVENUE 8TH FLOOR  
City-St-Zip: NEW YORK, NY 10017

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

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

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

Title: ASTS ( ) Change (X) Addition  
Name: YACOVETTA, MARK  
Address: 730 THIRD AVENUE 8TH FLOOR  
City-St-Zip: NEW YORK, NY 10017

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ANNE MEYER

\_\_\_\_\_  
POA

\_\_\_\_\_  
03/26/2009

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