

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 MAR 12 PM 2:29

<b>FILING FEE</b> \$ 188.75	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company **DOCUMENT # M95000000255**

ROCKWOOD CAPITAL (TALCOTT), L.L.C., L.C.  
FOUR EMBARCADERO CENTER, SUITE 2600  
SAN FRANCISCO CA 94111

1a. Principal Place of Business Address

FOUR EMBARCADERO CENTER, SUI  
SAN FRANCISCO CA 94111

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09/06/1995

DE

4. FEI Number

☐ Applied For

City & State

City & State

06-1427502

☐ Not Applicable

Zip

Country

Zip

Country

5. Date of Last Report

6. Certificate of Status Desired

03/12/1998

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

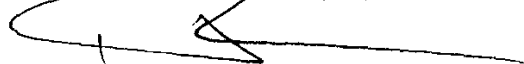
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required whenever changing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	SMITH, NEIL H	FOUR EMBARCADERO CENTER, S	SAN FRANCISCO CA
MGRM	KAVOUNAS, EDMOND A	FOUR EMBARCADERO CENTER, S	SAN FRANCISCO CA
MGRM	TAYLOR, JOHN F	FOUR EMBARCADERO CENTER, S	SAN FRANCISCO CA

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\*\*\*\*188.75 \*\*\*\*188.75

11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:



2/17/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER (MANAGING MEMBER OR MANAGER)

Date

Signature Printed Name