2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -3 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00153880 AF

DOCUMENT # M95000000255

1. Entity Name

ROCKWOOD CAPITAL (TALCOTT), L.L.C., L.C.

Principal Place of Business	Mailing Address
FOUR EMBARCADERO CENTER, SUITE 2600 SAN FRANCISCO CA 94111	FOUR EMBARCADERO CENTER, SUITE 2600 SAN FRANCISCO CA 94111-5994

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2 Embarcadero Center	2 Embarcadero Center
Suite, Apt. #, etc.: Suite 2360	Suite, Apt. #, etc.: Suite 2360
City & State: San Francisco, CA	City & State: San Francisco, CA
Zip: 94111 Country:	Zip: 94111 Country:

4. FEI Number: 06-1427502 ☐ Applied For ☐ Not Applicable

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

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SMITH, NEIL H FOUR EMBARCADERO CENTER, SUITE 2600 SAN FRANCISCO CA 94111 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2 Embarcadero Center, Suite 2360
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KAVOUNAS, EDMOND A FOUR EMBARCADERO CENTER, SUITE 2600 SAN FRANCISCO CA 94111 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2 Embarcadero Center, Suite 2360
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TAYLOR, JOHN F FOUR EMBARCADERO CENTER, SUITE 2600 SAN FRANCISCO CA 94111 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2 Embarcadero Center, Suite 2360
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000003264830--5 -05/24/00--01042--004
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	*****50.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/99)

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: SIGNATURE REQUIRED John E. Taylor 2/10/00 415-645-4303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #