

2001 UNIFORM BUSINESS REPORT (UBR)

0031409 AF

DOCUMENT # M95000000255

1. Entity Name

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

FILED

01 APR -4 AM 7:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

TWO EMBARCADERO CENTER, SUITE 2360
SAN FRANCISCO CA 94111

Mailing Address

TWO EMBARCADERO CENTER, SUITE 2360
SAN FRANCISCO CA 94111

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-1427502

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

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

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME SMITH, NEIL H
STREET ADDRESS TWO EMBARCADERO CENTER, SUITE 2360
CITY-ST-ZIP SAN FRANCISCO CA 94111

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

800003995298--3
-04/12/01--01120--004
*****50.00 *****50.00

TITLE MGRM
NAME KAVOUNAS, EDMOND A
STREET ADDRESS TWO EMBARCADERO CENTER, SUITE 2360
CITY-ST-ZIP SAN FRANCISCO CA 94111

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE MGRM
NAME TAYLOR, JOHN F
STREET ADDRESS TWO EMBARCADERO CENTER, SUITE 2360
CITY-ST-ZIP SAN FRANCISCO CA 94111

☐ Delete

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CITY-ST-ZIP

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

Date

2/15/01

Daytime Phone #

415-6454300

CR2E083 (11/00)