

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M95000000255

1. Entity Name

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90256 019 ****50.00

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

Zip

Country

Zip

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

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

7. Name and Address of New Registered Agent

Name

NATIONAL CORPORATE RESEARCH, LTD., INC.

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

1406 Hays Street, Suite #2

City

Tallahassee

FL

Zip Code
32301

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
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

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

JOHN F. TAYLOR 4/26/02

415-645-4300

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

Date

Daytime Phone #

CR2E083 (9/01)