

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90109 026 \*\*\*\*50.00

**DOCUMENT # M98000001068**

1. Entity Name

**TCI FALCON HOLDINGS, LLC**



Principal Place of Business

Mailing Address

**188 INVERNESS DR. W  
ENGLEWOOD CO 80112  
US**

**P.O. BOX 5630  
DENVER CO 80217-5630  
US**

2. Principal Place of Business

**1500 MARKET ST.**

Suite, Apt. #, etc.

3. Mailing Address

**1500 MARKET ST.**

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

**PHILADELPHIA PA**

City & State

**PHILADELPHIA PA**

4. FEI Number

**84-1451916**

Applied For

Not Applicable

Zip

**19102-2148**

Country

**USA**

Zip

**19102-2148**

Country

**USA**

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

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
TCI FCLP CALIFORNIA, LLC  
188 INVERNESS DR. W.  
ENGLEWOOD CO 80112**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

**1500 MARKET ST.  
PHILADELPHIA PA 19102**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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**  
**STEPHEN BACKSTROM**

**4/16/03**

**215-981-7557**

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

Date

Daytime Phone #

CR2E083 (10/02)

0068257