

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001028

1. Entity Name
TREGA PARTNERS, L.L.C.

FILED *W 6/12*
01 MAY 18 PM 1:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
345 ROUTE 17 SOUTH 345 ROUTE 17 SOUTH
UPPER SADDLE RIVER NJ 07458 UPPER SADDLE RIVER NJ 07458



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		22-3518599		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required <input checked="" type="checkbox"/>	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
POIRIER, RICHARD P JR. 1854 EPPING FOREST WAY, SOUTH JACKSONVILLE FL 32217				Name <i>POIRIER, Rhonda D.</i>					
				Street Address (P.O. Box Number is Not Acceptable) <i>1854 Epping Forest Way So</i>					
				City <i>JACKSONVILLE</i>		FL		Zip Code <i>32217</i>	

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 _____ (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	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POIRIER, RICHARD P JR		NAME		
STREET ADDRESS	1854 EPPING FOREST WAY, SOUTH		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32217		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POIRIER, Rhonda Davis		NAME		
STREET ADDRESS	1854 EPPING FOREST WAY SO.		STREET ADDRESS	800004420788--6	
CITY-ST-ZIP	JACKSONVILLE, FL-32217		CITY-ST-ZIP	-06/14/01--01113--016	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]* **SIGNATURE REQUIRED** 05/11/01 (904) 732-4695
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0031798 SP

CR2E083 (11/00)