2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9900001812						FILED				
1. Entity Name TFE TECHNOLOGY HOLDINGS, LLC					- 00 JUN -5 AM 10: 06					
	· ·	سبرو	,		,	SECRETARY	OF ST	ΔTF		
Principal Place of Business Mailing Address					SECRETARY OF STATE TALLAHASSEE, FLORIDA					
530 W. 1500 S. 530 W. 1500 S. BOUNTIFUL UT 84010-4010			40							
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e Dinain I D	None of Divisions	3. Mailing Address							 	
z. Principal P	Place of Business	3. Mailing Address	walling Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Stat	te	City & State	City & State		4. FEI Numi	13-4079495			olied For Applicable	
Zip	Country Zip C 84011-0247		Cour	ntry	5. Certificat	5. Certificate of Status Desired				
- 6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
O T CORROLL OVATEL				Name						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)						
PLANTATION FL 33324				·						
V =		City				FL	Zip Code			
8. The above	e named entity submits this statement	t for the purpose of changing it	s register	ed office or	registered agent, or	-Uh/2U/U	3010	⊃1∩'	L	
SIGNATURE .	Signature a most or winted name of registered on	ent and title if applicable (NO	TE: Booistars	d Apant signatur	re required when reinstating}	*****50	,00 * :	****5	<u>0.00</u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered					6 Jodanos Wijerramanaray		5,110			
		FILE N Make Check P		FEE IS \$5 o Departn	,	4				
9. MANAGING MEMBERS/MEMBERS 11						ADDITIONS/CH.	ANGES			
TITLE	Daleta TITI			1	Managing Member					
NAME STREET ADDRESS		i	NAN STR	EET ADDRESS	410 Park Av	enue, Suite 8	K 40 : MGI	ďR		
CITY-ST-ZIP			CITY	-8T-ZIP		IY 10022. MGN				
TITLE		☐ Delate	TITL		Member	1		Change	Addition	
NAME STREET ADDRESS			NAM STR	EET ADDRESS		ents, LLC,[]M(_		
CTTY-ST:ZIP	I will make the second of the	Annual State of the State of th		- 8T-ZIP	May York AV	renue, Suite 8 <u>Y. 10022, MG</u> E	40, Mo	GR		
TITLE	ROUGH WE SEE THE	Delete	TITL	E	Member	# Tr		Change	Addition	
NAME			MAN	_	Federal Par	tners, LP, MC				
STREET ADDRESS	}		J SIR	EET ADDRESS	One Rockefe	ller Plaza, 3	lst Fl	oor,	MGR	

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 imited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ET-ZIP

STREET ADDRESS CITY- #T-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY- \$1-ZIP

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C1TY- 8T- ZIP

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REOLIGAT Walker, Pres & CEO 4/13/00 SIGNATURE: IGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CITY- ST- ZIP

CITY- #1-ZIP TITLE

STREET ADDRESS

STREET ANDRESS

CITY-ST-ZIP

CITY- ST- ZIP

TITLE

NAME STREET ADDRESS

MAME

TITLE

MAME

(801)298-8000

New York, NY 10020, MGR

Daytime Phone #

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