



State of California
Secretary of State

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STATEMENT OF INFORMATION
(Limited Liability Company)

1

Filing Fee \$20.00. If amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. LIMITED LIABILITY COMPANY NAME (Please do not alter if name is preprinted.)

THIRD ROCK PARTNERS LLC

FILED
In the office of the Secretary of State
of the State of California

DEC 06 2006

2016CC

This Space For Filing Use Only

DUE DATE: MAR 06 2007

FILE NUMBER AND STATE OR PLACE OF ORGANIZATION

2. SECRETARY OF STATE FILE NUMBER

200634010047

3. STATE OR PLACE OF ORGANIZATION

PALO ALTO, CALIFORNIA

COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE

3533 LA MATA WAY

CITY AND STATE

PALO ALTO, CA

ZIP CODE

94306

5. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY)

3533 LA MATA WAY

CITY

PALO ALTO, CA

STATE

CA

ZIP CODE

94306

NAME AND COMPLETE ADDRESS OF THE CHIEF EXECUTIVE OFFICER, IF ANY

6. NAME

ADDRESS

CITY AND STATE

ZIP CODE

PRERANA VAIDYA

3533 LA MATA WAY

PALO ALTO, CA 94306

94306

NAME AND COMPLETE ADDRESS OF ANY MANAGER OR MANAGERS, OR IF NONE HAVE BEEN APPOINTED OR ELECTED, PROVIDE THE NAME AND ADDRESS OF EACH MEMBER (Attach additional pages, if necessary.)

7. NAME

ADDRESS

CITY AND STATE

ZIP CODE

PRERANA VAIDYA

3533 La Mata Way

Palo Alto, CA 94306

8. NAME

ADDRESS

CITY AND STATE

ZIP CODE

9. NAME

ADDRESS

CITY AND STATE

ZIP CODE

AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 11 must be completed with a California address. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 11 must be left blank.)

10. NAME OF AGENT FOR SERVICE OF PROCESS

PRERANA VAIDYA

11. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL

CITY

STATE

ZIP CODE

3790 El Camino Real #281

Palo Alto

CA

94306

12. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY

STRATEGIC CONSULTING & BUSINESS DEVELOPMENT

13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

PRERANA VAIDYA

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

Prerana Vaidya

SIGNATURE

MANAGING
PARTNER

TITLE

12/6/06

DATE