UNIFORM BUSINESŞ,REPORT (UBR)												
DOCU 1. Entity Nan SHLP VI	المرد			03	FILED	8: 0'0						
Principal Place 3201 S. TAMA SUITE 200 DENVER CO 8	90231		Mailing Address ATTN: ANGIE MARTINEZ 3201 S. TAMARAC DR., #200 DENVER, CO 80231 27 Mailing Address Address			ustu	SECRETARY OF STATE TALLAHASSEE, FLORIDA					
3110 Suite, Apt.	8 U	nion Cure	ion aul			\mathcal{L}			i .			
Suc	rè '	200	Stute d	Stute 200				; !	DUE BY MAY 1, 2003			
City & Stat	te)01		Den Vou			4. FEI Num	ber 84-158582	9	Applied Not App			
862	37)	Country	80230	Coun	ISA		5. Certifica	te of Status Desired	, []	\$8.75 Additional Fee Required	ıl	
	6. Name	and Address of Current		'	7. Name ar	nd Address of Nev	/ Registered	Agent				
CORPOR		Name										
_1201_HAYS_STREET					Street A	ddress (F	O. Box Num	ber is Not Accepta	ble)			
TALLAHASSEE FL 32301-2525							V			· .		
					City				FL	Zip Code		
	named entit		r the purpose of changing its	registere	ed office o	r registere	ed agent, or b	oth, in the State of	Florida. I am	familiar with, and a	ccept	
SIGNATURE												
Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions \$50.00 10. Amount of Capital Contributions								44 550 000 000	DATE	TO EL DEDT OF O	TATE	
as Shown	ate.				SEE FIEVE	RSE SIDE FO	TO FL. DEPT. OF S R FEE INFORMATIO					
	A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.											
12.		GENERAL PARTNER		13.	,				HANGES ON			
DOCUMENT # NAME		(E HIGHLAND, LLC	CUITE-200	STRE	ET ADDRESS	8111) ε.	Union	ave.	#200		
STREET ADDRESS CITY-ST-ZIP	EET ADDRESS 3201 SOUTH TAMARAC DRIVE, SUITE 200 DENVER CO 80231					Der	nuer.	CO S	0237	7	}	
DOGUMENT# NAME		<i>'</i>		STRE	ET ADDRESS		Ξ	300016 03/03 010	6576	5 63 **91.25		
treet address					-ST-ZIP		<u>0</u> 67	13,43uro	1.1. 111111			
OCUMENT #				STRE	ET ADDRESS	:	94/22 04/22	3001/5 6 2/0301032	5576 026	53 **50.00		
STREET ADURESS : CITY-ST-ZIP				CITY-	ST-ZIP							
OCUMENT*			**************************************	STRE	ET ADDRESS					<u>, , </u>		
STREET ADDRESS				CITY-	·ST-ZIP			1	i·			
OOCUMENT #				STREI	ET ADDRESS							
STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP			,				
OCUMENT #				STREE	ET ADDRESS				,			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP