2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

ſ	D O O I II		· // D0000000	404			7 FILED		
	DOCUMENT # B0600000461 1. Entity Name								
			OURCES A1, LP				2007 APR -3 AM II: 28		
j	Principal Place	Principal Place of Business Mailing Address					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
	1775 SHERMAN STREET, SUITE 1525 DENVER, CO 80203 1775 SHERMAN STREET, DENVER, CO 80203					E 1525	TALLAHASSEE, FLORIDA		
			ness - No P.O. Box #	3. Mailing Address	e (m	an St,			
	Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.			A)1 O 17	03192007 Chg-LP CR2E003 (12/06)			
				1 00					
	City & State De n		Country	Denver, Co		No.	4. FEI Number Applied For 2 0 - 4760/69 Not Applica		
	²⁸ 80.	203	USA	280203	Cour	ΨSA	5. Certificate of Status Desired \$8.75 Additional Fee Required		
F		6. Name	and Address of Current	Registered Agent		Name	7. Name and Address of New Registered Agent		
	C T CORPORATION SYSTEM								
i	1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					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 unnoted name of registered apent and title if applicable DATE								
	File NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00								
	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 formation 12. GENERAL PARTNER INFORMATION					<u> </u>	nt must be filed to change a general partner. ADDRESS CHANGES ONLY	_	
ļ	DOCUMENT #					STREET ADDRESS 1775 Sherman St., Suite 1200			
	STREET ADDRESS CITY-ST ZIP	1775 SHI	ERMAN STREET, SUIT		CITY	r-SI-ZIP	enver, Co 80203		
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	STREET ADDRESS CITY-ST-ZIP				CITY	r-ST-ZIP	n)()		
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표	STREET ADDRESS CITY-ST-ZIP				CITY	Y-\$1-ZIP			
CHECK	DOCUMENT / NAME				STR	EET ADDRESS			
STAPLE CH	STREET ADDRESS CITY-ST-ZIP		<u></u>		CITY	Y-ST-ZIP			
	DOCUMENT # NAME STREET ADDRESS				STR	EET ADDRESS			
	CITY+S1+ZIP					Y SI-ZIP	Charles (40 Florida Charles)		
	14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 SIGNATURE: XULUS VILLIAND TYPED OR PRINTED NAME OF BIGNING GENERAL PARTNER. Date: Date Devime Proof #								

Kurt M. Petersen, Vice President and General Counsel of QA G-P, LLC,