2001 UNIFORM BUSINESS REPORT (UBR)

0017232 AF

DOCUMENT # B93000000226

1. Entity Name

LIGHTHOUSE BAY HOLDINGS, LTD.

FILED
01 MAY -3 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
8400 EAST PRENTICE AVE. SUITE 735 ENGLEWOOD CO 80111	8400 EAST PRENTICE AVE. SUITE 735 ENGLEWOOD CO 80111

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 84-1231803 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JIROTKA, GEORGE M
601 CLEVELAND STREET, SUITE 800
CLEARWATER FL 33755

7. Name and Address of New Registered Agent

Name

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.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. $275,000.00	10. Amount of Capital Contributions in FLORIDA to date. $275,000	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F93000002394	STREET ADDRESS	
NAME	LIGHTHOUSE BAY, INC.		
STREET ADDRESS	8400 E. PRENTICE AVENUE	CITY-ST-ZIP	
CITY-ST-ZIP	ENGLEWOOD CO 80111		
DOCUMENT #		STREET ADDRESS	100004334611 2
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CR2E003 (11/00)

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

SIGNATURE: Steven M. Leaffer 4/23/01 303-793-3456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #