APPRUVI

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M0000001975					FILED 01 MAY -2 AM 10: 53			
1	BARCLAY/COLORADO HOLDINGS I, LLC							
	, , , , , , , , , , , , , , , , , , ,				SECRETARY	OF STATE		
Principal Place of Business Ma		Mailing Address	Mailing Address		TA'EL'AHASSEE. FLORIDA			
8145 N. 86T SCOTTSDAL		8145 N. 86TH PLACE SCOTTSDALE AZ 85258						
2. Principal	Place of Business ,	3. Mailing Address		_				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		4. FEI Number 86-0932160 Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certif	icate of Status Desired	\$5.00	ditional	
	6. Name and Address of Curre	nt Registered Agent		7. Name	and Address of New Regist	•		
COIA DA	WID 6		Name			•		
COIA, DAVID S 1123 OVERCASH DR.			Street Address (P.O. Box Number is Not Acceptable)					
DUNEDIN	I FL 34698					•••		
			City			FL Zip Cod	e	
8. The above	e named entity submits this statement	for the purpose of changing its reg	sistered office or regis	stered agent, o	r both, in the State of Florida.	<u> </u>		
SIGNATURE								
SIGNATORE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE Re	gistered Agent signature requ	ired when reinstatin	7 .	DATE		
		FILE NC W	!!! FEE IS \$50.0	o l	10000430 -05/23/01	01105(029	
		Make Check Payat	ole to Department	of State		00 *****		
9.	MANAGING MEM	BERS/MEMBERS	10.	<u></u>	ADDITIONS/CHAN	VGES		
TITLE NAME	MGR	☐ Delete	TITLE			☐ Change	☐ Addition	
STREET ADDRESS	ARCHER, SCOTT T 8145 N. 86TH PLACE		NAME STREET ADDRESS					
CITY-ST-ZIP	SCOTTSDALE AZ 85258		CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE' NAME		•	Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS		N		i	
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			Change	☐ Addition	
STREET ADDRESS		,	STREET ADDRESS		<i>:</i>			
CITY-ST-ZIP TITLE			CITY-ST-ZIP		**	Па:		
NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS					
THLE		Delete	CITY-ST-ZIP TITLE				Addition	
NAME .		C Delete	NAME			Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADORESS CITY-ST-ZIP				}	
TITLE		□ Delete	TITLE			Change	☐ Addition	
NAME			NAME				Audition	
STREET ADDRESS CITY-ST-ZIP		•	STREET ADDRESS CITY-ST-ZIP					
11. I hereby c	ertify that the information supplied with	h this filing does not qualify for the	overnation stated in 6	Section 119.07	(3)(i), Florida Statutes. I furthe	r certify that the in	formation	
limited liab	on this report is true and accurate and pility company or the receiver or truste	a tnat my signature shall have the s e empowered to execute his repoi	ame legal effect as if rt as required by Cha	made under opter 608, Flori	oath; that I am a managing me da Statutes.	mber or manager	of the	

SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

NG MANAGING MEMBER, MANACER, OR AUTHORIZED REPRESENTATIVE