2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State
04-25-2002 90003 016 ****50.00

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DOCUMENT # M00000002299

1. Entity Name

SMITH PROPERTY HOLDINGS HARBOUR HOUSE L.L.C.

Principal Place of Business	Mailing Address
2345 CRYSTAL DR., TENTH FLOOR ARLINGTON VA 22202	2345 CRYSTAL DR., TENTH FLOOR ARLINGTON VA 22202

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9200 E. Panorama Circle	9200 E. Panorama Circle
Suite, Apt. #, etc.: Suite 400	Suite, Apt. #, etc.: Suite 400
City & State: Englewood, CO	City & State: Englewood, CO
Zip: 80112 Country: USA	Zip: 80112 Country: USA

4. FEI Number 54-1681657 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CHARLES E. SMITH RESIDENTIAL REALTY LP 2345 CRYSTAL DR., TENTH FLOOR ARLINGTON VA 22202 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sole Member Archstone-Smith Operating Trust 9200 E. Panorama Circle, Suite 400 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: David M. Flory 4/17/02 (303) 708-5959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER ... Date Daytime Phone #

CR2E083 (9/01)