2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M0100000736

1. Entity Name

SAGE HGI 5, LLC



FILED Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90293 001 ***100.00

of Business STE 800 2 See of Business	Mailing Address 1512 LARIMER ST. STE 800 DENVER CO 80202	. ,					
2	· ·	· ,			•		
ee of Business	·						
e of Business	·		i 111111		 		
	3. Mailing Address						
	Suite, Apt. #, etc.		\dashv	CHECK HERE IF N	MAKING CHANGES		
etc.	Suite, Apr. #, cic.						
	City & State		4. FEI Numi	ber 84-1466369	1 1 <u></u>	plied For t Applicable	
Country	Zip	Country					
6. Name and Address of Curren	nt Registered Agent		7. Name an	d Address of New Regi	stered Agent		
		Name	· - · - · - · ·				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD		Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
ration FL 33324							
		City	<u></u>		FL Zip Code)	
and antity submits this statement	for the nurnose of changing its	reaistered office or reais	tered agent, or b	oth, in the State of Florid	a. I am familiar with,	and accept	
amed entity submits this statement ns of registered agent.	to the purpose of changing the		Ť			ļ	
•							
gnature, typed or printed name of registered age	ent and title if applicable. (NOT	E: Registered Agent signature requ	uired when reinstating)		DATE		
	FILE N	OW!!! FEE IS \$50.0	0	·			
	Make Check Payab	le to Florida Departr	nent of State				
	- Du	e By May 1, 2003	•				
MANAGING MEM	BERS/MANAGERS	10.		ADDITIONS/CI	 		
	☐ Delete	TITLE	•		☐ Change	Addition	
		NAME					
		STREET ADDRESS					
		CITY-ST-ZIP					
	☐ Delete	TITLE			Change	☐ Addition	
		NAME					
					☐ Change	Addition	
	☐ Delete				L_1 Onlings		
-	i tre e i	■' - · · · · · · ·	·	,			
				,			
		TITLE			☐ Change	☐ Addition	
	∟ Delete ,						
		CITY-ST-ZIP					
	☐ Delete	TITLE	-	<u> </u>	☐ Change	Addition	
	C. Delete	NAME					
		STREET ADDRESS					
		CITY-ST-ZIP					
	☐ Delete	TITLE			Change	☐ Addition	
		NAME		•			
		STREET ADDRESS					
		CITY-ST-ZIP					
artifut that the information supplied	with this filing does not qualify:	for the evernation stated i	in Section 119.07	(3)(i), Florida Statutes, I f	urther certify that the	information	
	6. Name and Address of Currer ORPORATION SYSTEM SOUTH PINE ISLAND ROAD FATION FL 33324 amed entity submits this statement as of registered agent. MANAGING MEM MGR SAGE MANAGEMENT SERVIC 1512 LARIMER ST. STE 800 DENVER CO 80202	6. Name and Address of Current Registered Agent ORPORATION SYSTEM SOUTH PINE ISLAND ROAD FATION FL 33324 amed entity submits this statement for the purpose of changing its as of registered agent. Ignature, typed or printed name of registered agent and title if applicable. MANAGING MEMBERS/MANAGERS MGR SAGE MANAGEMENT SERVICES INC. 1512 LARIMER ST. STE 800 DENVER CO 80202 Delete Delete Delete Delete	6. Name and Address of Current Registered Agent ORPORATION SYSTEM SOUTH PINE ISLAND ROAD FATION FL 33324 City amed entity submits this statement for the purpose of changing its registered office or registered agent. (NOTE: Registered Agent signature requires agreed agent and title if applicable. (NOTE: Registered Agent signature requires agreed agent and title if applicable. (NOTE: Registered Agent signature requires agreed agent and title if applicable. (NOTE: Registered Agent signature requires agreed agent and title if applicable. (NOTE: Registered Agent signature requires agreed agent and title if applicable. (NOTE: Registered Agent signature requires agreed agent and title if applicable. (NOTE: Registered Agent signature requires agreed agent and title if applicable. (NOTE: Registered Agent signature requires agreed agent and title if applicable. (NOTE: Registered Agent signature requires agreed agent and title if applicable. (NOTE: Registered Agent signature requires agreed agent and title if applicable. (NOTE: Registered Agent signature requires agreed agent and title if applicable. (NOTE: Registered Agent signature requires agreed agent and title if applicable. (NOTE: Registered Agent signature requires agreed agent and title if applicable. (NOTE: Registered Agent signature requires agreed agent and title if applicable. (NOTE: Registered Agent signature requires agreed agent and title if applicable. (NOTE: Registered Agent signature requires agreed agent and title if applicable. (NOTE: Registered Agent agent and title if applicable. (NOTE: Registered Agent signature requires agent and title if applicable. (NOTE: Registered Agent signature requires agent and title if applicable. (NOTE: Registered Agent signature requires agent and title if applicable. (NOTE: Registered Agent signature requires agent and title if applicable. (NOTE: Registered Agent signature requires agent and title if applicable. (NOTE: Registered Agent signature requires agent and title if applicable. (NOTE: R	6. Name and Address of Current Registered Agent 7. Name an ORPORATION SYSTEM SOUTH PINE ISLAND ROAD FATION FL 33324 Street Address (P.O. Box Numical Name of registered agent, or bus of registered agent, or bus of registered agent, or bus of registered agent. (NOTE: Registered Agent signature required when recessating) Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS MGR SAGE MANAGEMENT SERVICES INC. 1512 LARIMER ST. STE 800 DENVER CO 80202 Delete TITLE NAME STREET ADDRESS CITY-ST-2IP Delete TITLE NAME STREET ADDRESS CITY-ST-2IP Delete TITLE NAME STREET ADDRESS CITY-ST-2IP Delete TITLE NAME STREET ADDRESS CITY-ST-2IP Delete NAME STREET ADDRESS CITY-ST-2IP Delete	S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City amed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florid as of registered agent and title if applicable. (NOTE Registered Agent applicable agent agent and title if applicable. (NOTE Registered Agent applicable agent applicable.) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS / MANAGERS SAGE MANAGEMENT SERVICES INC. 1512 LARIMER ST. STE 800 DENVER CO 80202 Delete TITLE NAME SIREIT ADDRESS CITY-ST-ZP Delete	S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name SOUTH PINE ISLAND ROAD IATION FL 33324 City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code The Registered agent, or both, in the State of Florida. I am familiar with, is not registered agent, or both, in the State of Florida. I am familiar with, is not registered agent and tile if appricable. Make Check Payable to Florida Department of State Due By May 1, 2003 MANNAGING MEMBERS/ MANNAGERS MANNAGEMENT SERVICES INC. 1512 LARIMER ST. STE 800 DENVER CO 80202 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STR	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-22-03

303-595-7200