2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900001205 1. Entity Name STEPHEN'S PROPERTY ACCOUNT, L.C.					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 00 FEB 24 AM 9: 40				
Principal Place of Business 3971 SOUTH HUDSON WAY CHERRY HILLS VILLAGE CO 80110 Mailing Address 3971 SOUTH HUDSON WAY CHERRY HILLS VILLAGE CO)-5135				1818: 401 (18)	
Principal Place of Business 3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & Stat	е	City & State		4. FEI Number		└	plied For ot Applicable		
Zip	Country	Zip	Cour	itry	5. Certificate of St	atus Desired	\$5.00 Add Fee Require		
	6. Name and Address of Current	Registered Agent		Name	7. Name and Add	ress of New Registered	d Agent	- -	
WILLNER, ROBIN I ESQ. BEDZOW, KORN, BROWN, LIPTON, MILLER				Street Address (P.O. Box Number is Not Acceptable)					
20803 BISCAYNE BLVD., SUITE 200 AVENTURA FL 33180				City	FL Zip Code				
8. The above	named entity submits this statement fo	the purpose of changing its	register	l ed office or registe	red agent, or both, in	the State of Florida.			
9.	MANAGING MEMBE	Make Check Pa	-			ADDITIONS/CHANGE	ES Change	- Addition	
TITLE NAME STREET ADDRESS CITY- 81- ZIP	FELDMAN, SHARON 3971 SOUTH HUDSON WAY			1	~1312/c	D	Guarge	C) Notition	
TITLE MAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition	
TITLE MAME STREET ADDRESS CITY-ST-ZIP		□ Delicte		1	990	99931-61 -03/08/00 *****50.00	□ Champa LISS [3 - -01018 *****	□ Addition (
TITLE NAME STREET ADDRESS CITY-ST-ZIP	`	C Delete		l l			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		l l			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	CITY	E ET ADDRESS - 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 trave 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 expect this report as required by Chapter 608, Florida Statutes.									
SIGNAT	URE:	TED NAME OF SIGNING MANAGING		Ja DR MANAGER	nuary 6, 20	303-691 00 Date	L-8587 Daytime Phone #		