

2001 UNIFORM BUSINESS REPORT (UBR)

0030055 AF

DOCUMENT # L99000001205

1. Entity Name
STEPHEN'S PROPERTY ACCOUNT, L.C.

FILED

01 FEB 16 PM 3:39

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address

3971 SOUTH HUDSON WAY 3971 SOUTH HUDSON WAY
 CHERRY HILLS VILLAGE CO 80110 CHERRY HILLS VILLAGE CO 80110

2. Principal Place of Business 3. Mailing Address

5905 So. Kearney St. *5905 So. Kearney St.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State

Englewood, CO *Englewood, CO*

Zip Country Zip Country

80111 *US* *80111* *US*

4. FEI Number Applied For

NOT APPLICABLE Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLNER, ROBIN I ESQ.
BEDZOW, KORN, BROWN, LIPTON, MILLER
20803 BISCAYNE BLVD., SUITE 200
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name
Willner, Robin I Esq.

Street Address (P.O. Box Number is Not Acceptable)
Leopold, Korn, Leopold, P.A.

20801 Biscayne Blvd, Suite 501

City State Zip Code

Aventura **FL** *33180*

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	FELDMAN, SHARON	3971 SOUTH HUDSON WAY	CHERRY HILLS VILLAGE CO 80110	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<i>5905 So. Kearney St.</i>	<i>Englewood, CO 80111</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> 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: _____ DATE: *February 7, 2001* TIME: *720-493-1551*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)