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2002 UN	IIFORM	<b>BUSINESS</b>	REPORT	(UBR
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A05090 DOCUMENT # 1. Entity Name 02 MAR 15 AM 10: 23 JOHNSON COURT LIMITED PARTNERSHIP SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 2000 SOUTH COLORADO BLVD., SUITE 2-1000 2000 SOUTH COLORADO BLVD., SUITE 2-1000 TOWER TWO **TOWER TWO** DENVER CO 80222 DENVER CO 80222 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** City & State City & State Applied For 4. FEI Number 57-0652180 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code FL 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. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$130,551.00 in FLORIDA to date SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. 834577 DOCUMENT # STREET ADDRESS AMREAL CORPORATION NAME 2000 SOUTH COLORADO BLVD., SUITE 2-1000 STREET ADDRESS CITY-ST-ZIP DENVER CO 80222 CITY-ST-ZIP <del>10000516967</del> DOCUMENT # -03/26/02--01060--010 -\*\*\*\*526.25 \*\*\*\*\$26. STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

CHECK HERE

STAPLE

By Chad Asarch, Asst. Secy

Johnson Court Limited Partnership, by its GP AmReal Corporation.

3-12-02

303-757-8101

Daytime Phone #