DOCUMENT # A33573  1. Entity Name						
JMA EQUITIES, L.P. LIMITED PARTNERSHIP				FILED		
Principal Place of Business Mailing Address  TOWER TWO  2000 SOUTH COLORADO BLVD SUITE 2-1000  DENVER CO 80222  Mailing Address  TOWER TWO  2000 SOUTH COLORADO BLVD SUITE 2-1000  DENVER CO 80222			00 BLVD., SUITE 2-1000		O1 APR 27 PM 5: 21  SECRETARY OF STATE TALLAHASSEE: FLORIDA	
Principal Place of Business     Address     Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE	
City & State City		City & State			4. FEI Number 57-0952957	Applied For Not Applicable
Zip			Country		5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			Na Na	7. Name and Address of New Registered Agent Name		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				Street Address (P.O. Box Number is Not Acceptable)		
			Cit	ty	FL Zip Code	
8. The above named entity submits this statement for the purpose of changing it registered office or registered agent, or both, in the State of Florida.  SIGNATURE    Signature   Signatu						
9. Capital Contributions as Shown on record. \$20.00 as Shown on record.					11. MAKE CHECK PÅYABLE T SEE REVERSE SIDE FOR	O DEPT. OF STATE   FEE INFORMATION
A GENERAL PARTNER THAT IS A BUSINESS ELITITY 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.						
12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY						
NAME	MAE JMA, INC. 2000 SOUTH COLORADO BLVD., SUITE 2-1000			DRESS		
DOCUMENT # NAME	DENVER OF VOLE		STREET ADD	DRESS	500004217	585 <u>-</u> - 6
STREET ADDRESS CITY-ST-ZIP	SS CI		CITY-ST-ZI	IP	5000042175856 -05/15/0101089013 	
DOCUMENT # NAME			STREET ADD	DRESS		
STREET ADDRESS CITY-ST-ZIP		·	CITY-ST-ZI	IP	5/10	
DOCUMENT # NAME			STREET ADD	DRESS		-
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZI	IP		
DOCUMENT # NAME			Street add	DRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZI	IP		
DOCUMENT (			STREET ADO	DRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZI			,
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						