UN	2003 IFOR	B LIMITED M BUSINE	PARTNERS SS REPOR	HII T (U	P JBR)			
DOCUMENT # A33573 1. Entity Name JMA EQUITIES, L.P. LIMITED PARTNERSHIP					CRETARY OF STATE OF S			
Principal Place of Business TOWER TWO 2000 SOUTH COLORADO BLVD SUITE 2-1000 DENVER CO 80222 Mailing Address TOWER TWO 2000 SOUTH COLORADO BLV DENVER CO 80222				BLVD SI	JITE 2-1000			
2. Principal F		ness TER ST. PKWY.	3. Mailing Address 4582 S. ULSTER ST. PKWY.			. I INTERIOR INTER INTER ANTI INTERIOR INTO ANTINI		
Suite, Apt S	. #, etc. UITE 1100	,	Suite, Apt. #, etc. SUITE 1100			DUE BY SEPTEMBER 24, 2003		
City & StateNVER CO			City & Spenver		CO	4. FEI Number 57-0952957 Applied For Not Applicable	le	
Zip 80237 Country US Z			Zip 80237	Zip 80237 Country U		5. Certificate of Status Desired S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY					Name	ne		
1201 HAYS STREET TALLAHASSEE FL 32301-2525					Street Add	dress (P.O. Box Number is Not Acceptable)		
					City	FL Zip Code		
	named entity tions of regist		the purpose of changing its	registere	ed office or re	egistered agent, or both, in the State of Florida. I am familiar with, and accept	t :	
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if applicable.		,	DATE		
Capital Contributions as Shown on record. 10. Amount of Capital in FLORIDA to date								
33 0.0	A		HAT IS A BUSINESS EN	TITY M		EGISTERED AND ACTIVE WITH THIS OFFICE. dment must be filed to change a general partner.		
12. GENERAL PARTNER INFORMATION					13. ADDRESS CHANGES ONLY			
DOCUMENT # P41110 NAME				STRE	ET ADDRESS	4582 S ULSTER ST PKWY		
				СПУ	-ST-ZIP	DENVER CO 80237		
DOCUMENT # NAME				STRE	et address			
STREET ADDRESS CITY- ST-ZIP				CITY-	Y-S1-ZIP			
DOCUMENT # NAME				STRE	ET ADDRESS		_	
STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP	300022755993 09/04/0301032013 **141.25		
DOCUMENT # NAME			STRE	ET ADDRESS	0DRESS U3/U4/U3U1U3ZU13 **141.25			
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DOCUMENT # NAME STREET ADDRESS				╂—	ET ADDRESS		\exists	

14. I hereby certify that the information supplied with this filling 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:

SIGNATURA Asarch, Asst. Sec. for MAE JMA, Inc., general partner

08/18/03

303-757-8101

Daytime Phone #