

2002 UNIFORM BUSINESS REPORT (UBR)

0018068 AT

DOCUMENT # B01000000003

1. Entity Name

MORTGAGE PLANNING & LENDING SPECIALISTS, LTD.

FILED

02 MAY -2 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7555 E. HAMPDEN AVENUE #413
DENVER CO 80231

Mailing Address
7555 E. HAMPDEN AVENUE #413
DENVER CO 80231



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

Zip

Country

Zip

Country

4. FEI Number

84-1364391

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FROELICH, LEIGHANNA
9220 BONITA BEACH ROAD, SUITE 216
BONITA SPRINGS FL 34135

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

DATE

9. Capital Contributions
as Shown on record.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

[Signature]

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
HESTER, TIM
6656 E. PRENTICE AVENUE
GREENWOOD VILLAGE CO 80111

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
F01000000052
CBA INC.
7555 E. HAMPDEN AVENUE #413
DENVER CO 80231

STREET ADDRESS
CITY-ST-ZIP

200005554952-9
-05/16/02-01046-019
****150.00 ****150.00

DOCUMENT #
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CBA INC 6.P. 4-29-02 303-481-3913

Date

Daytime Phone #

CR2E003 (9/01)