2004 LIMITED PARTNERSHIP REINSTATEMENT

SIGNATURE:

DOCUMENT # B03000000350 2004 NOV 10 PM 1: 43 APL GENERAL, LTD. L.L.L.P. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1050 17TH STREET, SUITE 1200 1050 17TH STREET, SUITE 1200 **DENVER, CO 80265 DENVER, CO 80265** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 11012004 CR2E100 (6/04) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Ziο Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registored agent and title if applicable 10. Amount of Capital Contributions \$397,656 In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice. 9. Capital Contributions \$397.656.00 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 12. ADDRESS CHANGES ONLY F03000005195 DOCUMENT # STREET ADDRESS NAME AMSTAR PARTNERS, INC. 1050 17TH STREET, SUITE 1200 7000433<u>01587</u> STREET ADDRESS CITY-ST-ZIP 12/09/04--01033--003 **437.50 CITY-ST-ZIP **DENVER, CO 80265** DOCUMENT # STREET ADDRESS 7000433<u>01587</u> NAME 12/09/04--01033--004 **88.75 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS 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-7IP 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 accorded 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 regularly of Appter 620, Florida Statutes Amstar Partners, I Inc. Gifter al Partner

By: Kevin J. Martin,

VP

11/1/04

303-534-6322

FILED