

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

03 JUN 25 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B96000000285

1. Entity Name
AGL Investments No.2 Limited Partnership



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1050 17th Street

3. Mailing Address
1050 17th Street

Suite, Apt. #, etc.
Suite 1200

City & State
Denver, CO

Zip
80265

Country
USA

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number
84-1187350

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City
Tallahassee

FL Zip Code
32301

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 _____ DATE _____
Signature typed or printed name of registered agent and date if applicable.

9. Capital Contributions as Shown on record. 18,800,000.00

10. Amount of Capital Contributions in FLORIDA to date. 4,330,276.00

**11. MAKE CHECK PAYABLE TO FL. 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			100018575551
DOCUMENT #	B96000000284	STREET ADDRESS	05/08/03--01085--009 **437.50
NAME	AGLP No.2 Limited Partnership	CITY-ST-ZIP	
STREET ADDRESS	1050 17th Street, Suite 1200		
CITY-ST-ZIP	Denver, CO 80265		
DOCUMENT #		STREET ADDRESS	100018575551
NAME		CITY-ST-ZIP	06/25/03--01030--003 **33.75
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CITY-ST-ZIP			

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IN THIS SPACE**

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: David B. Agnew, President April 23, 2003 303-534-6322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Davitine Printed

STAPLE CHECK HERE

CR2E003B (12/02)