## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # B96000000420 SECRETARY OF STATE OF CORPORATIONS FILED 1.º Entity Name AMBASSADOR III, L.P. 00 MAY 18 AM 11: 22 Principal Place of Business Mailing Address 1873 S. BELLAIRE ST., SUITE 1700 1873 S. BELLAIRE ST., SUITE 1700 **DENVER CO 80222-4360 DENVER CO 80222-4348** 2. Principal Place of Business 3. Mailing Address 2000 South Colorado Blvd. 2000 South Colorado Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Tower Two, Suite 2-1000 Tower Two, Suite 2-1000 Applied For City & State City & State 4. FFI Number 36-3918048 Denver, CO Denver, CO Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired 80222 80222 USA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$9.90 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. in FLORIDA to date. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 2000 South Colorado Blvd. DOCUMENT # F96000005741 STREET ADDRESS Tower Two, Suite 2-1000 NAME AMBASSADOR TEXAS, INC. STREET ADORESS 77 WEST WACKER DR., SUITE 4040 Denver, CO 80222 CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60601 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP STREET ADDRESS NAMÉ 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-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CfTY-57-7IP

4. 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

Ambassador III, L.P., by its GP, Ambassador Texas, Inc.

SIGNATURE: DY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTIE

4-13-00 (303) 757-8101

Asst. Sec.