## **2000 UNIFORM BUSINESS REPORT (UBR)**

			<del></del> -
DOCUMENT # B9900000359  1. Entity Name  CAT WIMBERLY PARTNERSHIP II, LTD.			FILED CHARLES
			SECRETARY OF STATE DIVISION OF CORPORATIONS
			O0 AUG 18 AM 10: 02
Principal Place of Business	Mailing Address		Q
3201 SOUTH TAMARAC DRIVE. SUITE 200 3201 SOUTH TAMARAC DENVER CO 80231 DENVER CO 80231		DRIVE. SUITE 200	
Valuation of Section			1 28 MIND 1818 1819 1811 1811 1821 1 MAN 182
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc. Suite, Apt. #, etc.		artinez	DO NOT WEITE IN THIS SPACE
3201 S. Tamar		ic Dr. #200	DO NOT WRITE IN THIS SPACE
City & State	City & State  Denver, CO		4. FENumber 1999 765 Applied For Not Applicable
Zip Country	Zip	Country	5 Certificate of Status Desired 38.75 Additional
6. Name and Address of C	SO231	<u>usa</u>	7 Name and Address of New Registered Agent
6. Name and Address of C	ultent Registered Agent	Name ~	poration Service Company
C T CORPORATION SYSTEM		Street_Addre	
1200 SOUTH PINE ISLAND ROAD		[20]	ss (P.D. Box Number is Not Acceptable) Hays Street
PLANTATION FL 33324			
		City Tal	lahassee FL 232301
8. The above named entity submits this state	ment for the purpose of changing its	registered office or regi	stered agent, or both, in the State of Florida.
SIGNATURE			
Signature, typed or printed name of register		: Registered Agent signature req	
<ol> <li>Capital Contributions as Shown on record.</li> </ol>	0.00 10. Amount of Capital in FLORIDA to di	ate. 4,20	0,000.00 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
A GENERAL PART	NER THAT IS A BUSINESS EN	TITY MUST BE REG	ISTERED AND ACTIVE WITH THIS OFFICE. Lent must be filed to change a general partner.
	ARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
CUMENT # M9900001405		STREET ADDRESS	
IAME PALOMA LLC STREET ADDRESS 3201 SOUTH TAMARAC DRIVE, SUITE 200			
CITY-ST-ZIP DENVER CO 80231		CITY-ST-ZIP	5000033715355
DOCUMENT #		STREET ADDRESS	*****926.25 **** 926.25
NAME STREET ADDRESS		<u> </u>	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT / NAME	and the second s	STREET ADDRESS- =	
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DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
14. I hereby certify that the information suppli indicated on this report is true and accura the receiver or trustee empowered to exercise.	ate and that my signature shall have t	the same legal effect as	Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a General Partner of the limited partnership or
SIGNATURE: SIGN	ATLUMA ADVALLA	2ED	9-(1-07) 303-283-4101
SIGNATURE AND T	YPED OR PRINTED NAME OF SIGNING GENERA	L PARTNER	Date Daytime Phone #