FILED Apr 29, 2004 8:00 am Secretary of State 2004 FOR PROFIT CORPORATION **ANNUAL REPORT** DOCUMENT # F03000000779 04-29-2004 90215 003 ***150.00 SAGEBRUSH REALTY INVESTMENTS, INC. Principal Place of Business Mailing Address 1700 LINCOLN STREET, SUITE 2200 200 SOUTH ORANGE AVENUE SUITE 2300 **DENVER, CO 80203** PO BOX 112 ORLANDO, FL 32802-0112 2. Principal Place of Business IAZ7 Grant 3. Mailing Address Suite. Apt. #, etc. 04282004 Cha-P CR2E034 (10/03) City & State 4. FEI Number Applied For 43-1972878 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name A.G.C., CO. 200 SOUTH ORANGE AVENUE, SUITE 2300 Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32801 Zip Code 8. The above named entity submits this siltement for the ourpose 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, typedicriprinted name of renistered agent and title if applicable (NOTE: Registered Agent signature required which reinstaling) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PVC INTLE ★ Delete TITLE Change ☐ Addition WEBB, CHARLES NAME NAME STREET ADDRESS 1700 LINCOLN STREET, SUITE 2200 STREET ADDRESS CITY-ST-ZIP **DENVER, CO 80203** CITY-ST-ZIP TITLE SC 🔀 Delete TITLE ☐ Change Addition JACOBSEN, ROBERT NAME NAME STREET ADDRESS 1700 LINCOLN STREET, SUITE 2200 STREET ADDRESS CITY - ST - 7IP DENVER, CO 80203 CITY-ST-ZIP President Marlen Matthews III 1827 Grant # 403 ☐ Delete THLE TATLE Change X Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Vice President Patrick Burke TITLE Delete TITLE ☐ Change **X**Addition MAME NAME 1827 Grant #403 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 80 ZO3 Delete TITLE Change Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

THIE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZiP

SIGNATURE: / Jun

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CHY-ST-7P

TITLE

NAME

AND VIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

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Change

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