

02191999-90083-048-\$10.00-\$10.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F97000004975 1. Corporation Name ROC COMMUNITIES, INC.					
Principal Place of Business 6430 S. QUEBEC ST., BLDG. 6 ENGLEWOOD CO 80111			Mailing Address 6430 S. QUEBEC ST., BLDG. 6 ENGLEWOOD CO 80111		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/23/1997	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 84-1226771	
22. City & State		27. City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24. Country		29. Country		7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			10. Name and Address of New Registered Agent		
81. Name			82. Street Address (P.O. Box Number is Not Acceptable)		
83. City			84. Zip Code		
85. State			86. City		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
14. CITY-STATE-ZIP					

CP LIMITED PARTNERSHIP
6430 S. Quebec St.
Englewood, CO 80111

US Bank
24 Hour Banking
1-800-673-3555

75-1592
912

Date 02/02/99 Check No. 45644 Check Amount \$150.00

ONE HUNDRED FIFTY and 00/100 DOLLARS

Pay to the order of:

DEPARTMENT OF STATE
STATE OF FLORIDA

TWO SIGNATURES REQUIRED IF OVER \$10,000

045644 091215927 152100000685

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Week Phone #

CRZE034 (11/98)