

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0068121

DOCUMENT # L00000006468

1. Entity Name

DEL TURA PHASE II, LLC



FILED

03 APR 30 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

6160 SOUTH SYRACUSE WAY
GREENWOOD VILLAGE CO 80111

Mailing Address

6160 SOUTH SYRACUSE WAY
GREENWOOD VILLAGE CO 80111

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 58-2549185

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

700017565047
04/30/03--01054--015 **50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME EUROMERICAN INV. GROUP ☐ Delete
STREET ADDRESS 6160 S SYRACUSE WAY
CITY-ST-ZIP GREENWOOD VILLAGE CO 80111

TITLE ☐ Change ☐ Addition
NAME ~~04/30/03 01054 015 **50.00~~
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME CHATEAU COMMUNITIES ☐ Delete
STREET ADDRESS 6160 S SYRACUSE WAY
CITY-ST-ZIP GREENWOOD VILLAGE CO 80111

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Signature Required 042403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)