

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 19 PM 2:07

DOCUMENT #

1. Limited Liability Company's Name

Ellingwood Point, LLC
a Florida limited liability company

000025038860
11/25/03--01050--029 **\$155.00

2. Principal Office Address

287 Burnt Pine Drive

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34119

Country

Collier

3. Mailing Office Address

8101 E. Prentice Ave.

Suite, Apt. #, etc.

Suite 510

City & State

Greenwood Village, CO

Zip

80111

Country

Arapahoe

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

08/31/00

6. FEI Number

91-2057510

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Nace Cohen

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

287 Burnt Pine Drive

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34119

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

Nace Cohen

REGISTERED AGENT MUST SIGN

Date

11/18/03

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Manage	Gary R. Gorman	8101 E. Prentice Ave., Suite 510	Greenwood Village, CO 80111
Asst M	Deborah Y. Gorman	8101 E. Prentice Ave., Suite 510	Greenwood Village, CO 80111

REINSTATEMENT 2003

cut 11/20

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager

Gary R. Gorman

Date

11/18/03

Daytime Phone #

303-694-0204

Typed or printed name of signing Managing Member/Manager

Gary R. Gorman, Manager

CH25041 (10/02)