

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # L00000014678****1. Entity Name**
QUANDARY PEAK, LLC

Principal Place of Business 5100 TAMIAMI TRAIL N., STE #105 NAPLES FL 34103	Mailing Address 5100 TAMIAMI TRAIL N., STE #105 NAPLES FL 34103
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2. Principal Place of Business 1424 SW 53RD TERRACE Suite, Apt. #, etc.	3. Mailing Address 1424 SW 53RD TERRACE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State CAPE CORAL FL	City & State CAPE CORAL FL
Zip 33914	Country

4. FEI Number 91-2104096	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent CHEW JIMMIE L 5100 TAMIAMI TRAIL N., STE #105 NAPLES FL 34103 US	7. Name and Address of New Registered Agent Name CHEW JIMMIE L Street Address (P.O. Box Number is Not Acceptable) 1424 SW 53RD TERRACE City CAPE CORAL FL Zip Code 33914
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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.**SIGNATURE** _____ **04/27/2001**
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 Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GORMAN GARY R 8101 E. PRENTICE AVNUE, SUITE 605 GREENWOOD VILLAGE CO 80111 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** Gary R. Gorman **MGR** **04/27/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)