

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 02, 2002 8:00 am**  
**Secretary of State**

06-02-2002 90903 041 \*\*\*\*50.00

DOCUMENT # **LD1 000003292** ✓

1. Entity Name

Mount Princeton Development, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 8101 E. Prentice Ave.,		3. Mailing Address Same	
Suite, Apt. #, etc. Suite 605		Suite, Apt. #, etc.	
City & State Greenwood Village, CO		City & State	
Zip 80111	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 91-2120990	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name **Nace Cohen**  
Street Address (P.O. Box Number is Not Acceptable)  
**287 Burnt Pine Drive**  
City **Naples** **FL** Zip Code **34119**

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 **Nace Cohen** **Nace Cohen, Registered Agent** **5-24-02**  
Signature, typed or printed name of registered agent and title if applicable. DATE

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 31**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Manager</b> <b>Gary R. Gorman</b> <b>8101 E. Prentice Ave., Suite 605</b> <b>Greenwood Village, CO 80111</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(f), 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** **Gary R. Gorman, Manager** **5-23-02** **303-773-6888**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/01)