

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

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

06-02-2002 90903 050 ****50.00

DOCUMENT # LD10000/4404 ✓
1. Entity Name
Imogene Pass, LLC

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 84-1609784	Applied For <input type="checkbox"/> \$5.00 Additional Fee Required
------------------------------------	--

DO NOT WRITE IN THIS SPACE

**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

FEES \$50.00
Make Check Payable to Department of State
DUE BY MAY 8

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager Gary R. Gorman 8101 E. Prentice Ave., Suite Greenwood Village, CO 80111
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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)