LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2002 8:00 am
Secretary of State
06-02-2002 90903 045 ****50.00

DOCUMENT # L01000014409

1. Entity Name
Cinnamon Pass, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8101 E. Prentice Ave.,	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 84-1609782 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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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 1

9. MANAGING MEMBERS/MANAGERS

TITLE	Manager
NAME	Gary R. Gorman
STREET ADDRESS	8101 E. Prentice Ave., Suit
CITY-ST-ZIP	Greenwood Village, CO 80111
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

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, Manager 5-23-02 303-773-6888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #