

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90063 018 ****50.00

DOCUMENT # L02000027292

1. Entity Name
 ISLAND POINTE PARTNERS, LLC



Principal Place of Business
 1000 BROWARD ROAD
 JACKSONVILLE, FL 32218

Mailing Address
 1700 LINCOLN STREET
 SUITE 2200
 DENVER, CO 80203



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 1899 Wynkoop
 Suite, Apt. #, etc.
 900

City & State
 Denver, Co

Zip
 80202

02242004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent
 MOCK, FRANK
 SUN TRUST CENTER 200 S ORANGE AVE.
 SUITE 2300
 ORLANDO, FL 32801

4. FEI Number
 03-0487895

5. Certificate of Status Desired \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACOBSEN, ROBERT P 1700 LINCOLN ST, STE 2200 DENVER, CO 80203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACOBSEN, ROBERT P 1899 WYNKOOP SUITE 900 DENVER, CO 80202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEBB, CHARLES W 1700 LINCOLN ST, STE 2200 DENVER, CO 80203 <input checked="" 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	MGRM MATTHEWS, MARLEN III 1700 LINCOLN ST, STE 2200 DENVER, CO 80203 <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	MGRM BURKE, PATRICK 1700 LINCOLN ST, STE 2200 DENVER, CO 80203 <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	MGRM STRICKLAND, DAVID 1700 LINCOLN ST, STE 2200 DENVER, CO 80203 <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

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: Robert P. Jacobsen Date: 4/27/04 Daytime Phone #: 303866 0011