

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90113 001 ***100.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0487895

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

~~MOCK, FRANK~~
**SUN TRUST CENTER 200 S ORANGE AVE.
SUITE 2300
ORLANDO FL 32801**

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

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	MGRM
STREET ADDRESS		STREET ADDRESS	Robert P. Jacobsen
CITY-ST-ZIP		CITY-ST-ZIP	1700 Lincoln St. Suite 2200 Denver, CO 80203
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	MGRM
STREET ADDRESS		STREET ADDRESS	Charles W. Webb
CITY-ST-ZIP		CITY-ST-ZIP	1700 Lincoln St. Suite 2200 Denver, CO 80203
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	MGRM
STREET ADDRESS		STREET ADDRESS	Marlen Matthews III
CITY-ST-ZIP		CITY-ST-ZIP	1700 Lincoln St. Suite 2200 Denver, CO 80203
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	MGRM
STREET ADDRESS		STREET ADDRESS	Patrick Burke
CITY-ST-ZIP		CITY-ST-ZIP	1700 Lincoln St. Suite 2200 Denver, CO 80203
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	MGRM
STREET ADDRESS		STREET ADDRESS	David Strickland
CITY-ST-ZIP		CITY-ST-ZIP	1700 Lincoln St. Suite 2200 Denver, CO 80203
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Charles W. Webb*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CHARLES W. WEBB

1/7/03

Date

303-866-0011

Daytime Phone #

CR2E083 (10/02)