

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

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Robert P. Jacobsen
1700 Lincoln St. Suite 2200
Denver, CO 80203**

TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Charles W. Webb
1700 Lincoln St. Suite 2200
Denver, CO 80203**

TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Marlen Matthews III
1700 Lincoln St. Suite 2200
Denver, CO 80203**

TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Patrick Burke
1700 Lincoln St. Suite 2200
Denver, CO 80203**

TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
David Strickland
1700 Lincoln St. Suite 2200
Denver, CO 80203**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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
CHARLES W. WEBB

1/7/03

303-866-0011

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

Date

Daytime Phone #

CR2E083 (10/02)