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SECRETARY OF STATE
AND AHASSEE, FLORIDA

104 36408 White

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Oakville Mountain, LLC (Name of	Limited Liabil	ity Company)		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	Office Change	and fee(s) are submitted	l for filing.	
Please return all correspondence concernin	g this matter to	the following:		
•				
Julie Swander				
(Name of Person)		-		
Out the Manustain FLO			2007 TAL	
Oakville Mountain, LLC (Firm/Company)		-		
(Cima Company)			B - C	100 march
8101 E Prentice Ave Ste 400			2007 FEB - 2 PM 12: 46 SECRETARY OF STATE TALLAHASSEE, FLORID	1
(Address)		_	PH 12: 46 (OF STATE EE, FLORIDA	A man
			RRIDE S	
Greenwood Village, CO 80111		_	.₽	
(City/State and Zip Code)		_		
For further information concerning this ma	tter, please call	:		
Julie Swander	at (303) 694-0204		
(Name of Person)		(Area Code & Daytime	Telephone Numbe	er)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.O	ILING ADDRESS: pistration Section ision of Corporations Box 6327 ahassee, Florida 32314		
Enclosed is a check for the follow	ing amount:			
 √ \$25 Filing Fee	\$5	5 Filing Fee & Certified	l Сору	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

agoni, or oom, in the blai	ie of Frontaa.					
1. The name of the limit	ed liability company is	Oakville Mountain,	LLC			
2. The mailing address of	of the limited liability co	ompany is : <u>8101</u> E	Prentice Ave	Ste 400		
Greenwood Village, CO 8	-					
			····			
5/6/04 <u>L04000036408</u>						
3. Date of filing/registrat	tion in Florida	4. D	ocument numb	er		
5. The name of the registresida Department of	ered agent and the regi-	stered office addre	ss as shown on	the recor	ds of t	the
	Nace Cohen					
		Name				
	287 Burnt Pine Dr			D	~ 3	
	Nonlan El 24440	Address			OG 7	
	Naples, FL 34119	State and Zip		AH/	2007 FEB	
6 The name and address	•	•		'AR' ASS	3 -2	
6. The name and address	of the new registered a	gent and/or office:		E C		
	James H. Forrester			OF STATE E.FLORIDA	94 :2I H9	Total a
		Name		ÎAII ORIC	.; -	900 m
	1429 Colonial Blvd, S			> -	ъ,	
	Florida street addres	s (P.O. Box NOT a	acceptable)			
	Fort Myers	FL 33907				
	City, S	State and Zip				
If the limited liability conconfirmed that after the cland the business office of liability company, it is he of the members of the lin or the operating agreement	hange or changes are manages are managed that the registered agent was reby confirmed that the mited liability company	nade, the Florida st ill be identical. Or e change(s) was/we or as otherwise pr	reet address of	the regist	tered d	ffice
(Signature of a member or author	zed representative of a memb	er)				
Gary R. Gorman						
(Printed or typed name of signee)	····	····				
I hereby accept the apport comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	intment as registered a as of all statutes relative d accept the obligation his document is being that the limited liabilit	gent and agree to de to the proper and so for my position as filed to merely refley company has been	act in this capa I complete perf I registered age ect a change in en notified in w	city. I fur ormance ent as pro the regis eriting of t	rther a of my vided tered this ch	igree to duties, for in office iänge.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (8/05)