## 105000115545

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## COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Jasper Creek, LLC (Name of	Limited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered (	Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	g this matter to the following:		
Curtis Moore			
(Name of Person)			
Jasper Creek, LLC (Firm/Company)	<del></del>		
(Firm/Company)	77.		
8101 E. Prentice Avenue, Suite 400	O7 M SECKI		
(Address)	HASTA		
	SEE 24		
Greenwood Village, CO 80111			
(City/State and Zip Code)	THAY 24 AM 11: L7 ECKETARY OF STATE LAHASSEE, FLORIDA		
For further information concerning this matt			
Curtis Moore	at (303 ) 694-0204		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following	ing amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

## -GTATEMENT 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.

1. The name of the limit	ed liability company is	s: Jasper Creek,	LLC		
2. The mailing address of	of the limited liability of	company is : <u>81</u>	01 E. Prentice Aven	ue, Suite 400	
Greenwood Village, CO 80					
12/2/2005			L05000115545		
3. Date of filing/registration in Florida		-	4. Document number		
5. The name of the regist Florida Department of		sistered office ac	ddress as shown on	the records of the	
1	Nace Cohen	•			
		Name			
	287 Burnt Pine Drive	e e		7	
		Address		O7 SE	
	Naples, FL 34119				
	City	y, State and Zip		A SA	
6. The name and address of the new registered agent and/or office:					
	Jim Forrester			25 = 11	
		Name		AHIII: L.7	
	1429 Colonial Blvd,	#201		DA A	
	Florida street addre	ess (P.O. Box N	OT acceptable)		
	Fort Myers	FL 33907			
	City,	State and Zip			
If the limited liability conconfirmed that after the cand the business office o liability company, it is he of the members of the lit or the operating agreeme (Signature of a member or author)	change or changes are f the registered agent value of that the confirmed that the mited liability compan of the limited liabili	made, the Flori will be identical he change(s) wany or as otherwitty company.	da street address of l. Or, in the case of as/were authorized se provided in the a	f the registered office f a Florida limited by an affirmative vote articles of organization	
(Signature of a member or autho	rized representative of a mem	nber) 🔍	1 46	./	
(Printed or typed name of signee	<i>'</i>				
I hereby accept the appo comply with the provisio and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm	ointment as registered ns of all statutes relati nd accept the obligatio this document is being n that the Imited liabi	agent and agre ive to the prope ons of my positi g filed to merely lity company ho	e to act in this capt r and complete per on as registered ag v reflect a change i as been notified in v	acity. I further agree to formance of my duties, ent as provided for in the registered office writing of this change.	
(Signature of Registered Agent)	/				
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314					

**FILING FEE: \$25.00**