		May 1, 1999 or		Liability	Com	pany will	be					
LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS								OIVISION OF COPPORATIONS 99 MAR 24 AM 10: 37				
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE										<u></u>	หกาย: 37	
Name and Mailing Address of Limited Liability Company DOCUMENT # L98000000810												
MORGANSTAR 35, L.C. 300 COURVOISER CENTRE 501 BRICKELL KEY DRIVE MIAMI FL 33131-2623								1a. Principal Place of Business Address 30 1 COURVOISER CENTRE 501 BRICKELL KEY DRIVE MIAMI FL 33131				
2 Principal	Place of Bus	2a. Mailu	2a. Mailing Address				Organize	d or Qualified	3a. State	e of Formation		
501 B1 Suite, Apt. #,	rickell	Same Suite, Apt. #, etc.					06/16/1998 FL					
Suite		Suite, Apt. #, etc.				4. FEIN	4. FEI Number			epolied For		
City & State Miami, Fl.			City & State				J	84-1492292			Not Applicable	
Zip 33131-	<u>-</u>	Country Miami-Dade	Zip	Countr		г <mark>у</mark>	5. Date of Last F		,		cate of Status Desired	
		Registered Agent			8. Name and Address			of New Regist				
8 BATTIEY HARPER CRONIG BAKER ET AL Street Address (P								Tip Code 33131-2623 Liability company submits this statement for the guross of changing				
SIGNATURE (NOTE Magazinet Agent approximation to provide the providence of the provi								D			*** <u>*</u> *188.75	
10. Title								City, State and Zip Code			Zıp Code	
MGR :	MORGAL	N ENERGY COR	POR,	1999 F	BROA	DWAY, S	UITE 2	450	DENVER	co co	80202	
11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Socion 119 07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address												
SIGNATURE: STATUS H Sharifa 198/09/99 296 9270												

INHSE10 R (12-98)