## 2000 UNIFORM BUSINESS REPORT (UBR) L98000000810 DOCUMENT # FILED 1. Entity Name SECRETARY OF STATE DIVISION OF CORPORATIONS MORGANSTAR 35, L.C. .00 JAN 31 AM 8:46 Principal Place of Business Mailing Address 501 BRICKELL KEY DRIVE 501 BRICKELL KEY DRIVE SUITE 301 MIAMI FL 33131-2624-MIAMI FL 33131-2623 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE City & State Applied For 84-1492292 Not Applicable Country \$5.00 Additional Denver 5. Certificate of Status Desired 020つ Fee Required ϽͼͶϒͼʹϾ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EVINSOR -CRONIC: STEVEN C Street Address (P.O. Box Number is Not Acceptable) -501 BRICKELL KEY-DRIVE: #301-MIAMI FL 33131 2623 ement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this star (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS MGR ☐ Deleta TITLE TITLE MORGAN ENERGY CORPORATION NAME MAME -02/02/00--01104-1999 BROADWAY, SUITE 2450 STREET ADDRESS STREET AUDRESS \*\*\*\*50.00 DENVER CO 80202 CITY-ST-ZIP CITY - ST- ZIP ☐ Deleta TITLE MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- 7LP TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-8T-ZIP CITY-21-719 ☐ Change miE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ACORESS CITY - ST-ZIP CITY-ST-ZIP ☐ Delete Change MILE TITLE NLMF MAME STREET ADDRESS STREET ANDRESS CITY- ST- 7IP CITY-ST-7IP ☐ Deleta TITLE 🗋 Change 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 execute this report as requ

SIGNATURE AND TWEED OR MINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER