

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2002 8:00 am**  
**Secretary of State**

04-04-2002 90086 030 \*\*\*\*50.00

**DOCUMENT # L99000009154**

1. Entity Name  
**SAN SEBASTIAN WATER, LLC**

Principal Place of Business

**7300 7TH AVE.  
MICCO FL 32976**

Mailing Address

**7900 FOX CREEK TR.  
FRANKTOWN CO 80116**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **84-1525807**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MARTINO, THOMAS G  
2538 SHERMAN ST.  
HOLLYWOOD FL 33020-2059**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME **MGRM MARTINO, THOMAS G** ☐ Delete  
STREET ADDRESS **7900 FOX CREEK TRAIL**  
CITY-ST-ZIP **FRANKTOWN CO 80116**

TITLE NAME **MGRM WAHLEN, CHARLES H** ☐ Delete  
STREET ADDRESS **4053 S. OLATHE CT.**  
CITY-ST-ZIP **AURORA CO 80013**

TITLE NAME **MGRM CRL, INC.** ☒ Delete  
STREET ADDRESS **6300 S. SYRACUSE WAY, SUITE 300**  
CITY-ST-ZIP **ENGLEWOOD CO 80111**

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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: \_\_\_\_\_

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

Date

Daytime Phone #

**3/29/02 303-475-3394**

CR2E083 (9/01)