

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90004 018 ****50.00

DOCUMENT # M00000000112

1. Entity Name

SMITH PROPERTY HOLDINGS SUNSET POINTE NORTH L.L.C.

Principal Place of Business

**2345 CRYSTAL DRIVE, 10TH FLOOR
 ARLINGTON VA 22202**

Mailing Address

**2345 CRYSTAL DRIVE, 10TH FLOOR
 ARLINGTON VA 22202**

2. Principal Place of Business

9200 E. Panorama Circle

3. Mailing Address

9200 E. Panorama Circle

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

Suite 400

City & State

Englewood, CO

City & State

Englewood, CO

4. FEI Number

54-1681657

Applied For

Not Applicable

Zip

80112

Country

USA

Zip

80112

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(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

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Delete
 NAME **CHARLES E. SMITH RESIDENTIAL REALTY LP**
 STREET ADDRESS **2345 CRYSTAL DRIVE, 10TH FLOOR**
 CITY-ST-ZIP **ARLINGTON VA 22202**

TITLE **Sole Member** ☐ Change ☒ Addition
 NAME **Archstone-Smith Operating Trust**
 STREET ADDRESS **9200 E. Panorama Circle, Suite 400**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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 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 REQ

David M. Flory

4/17/02

(303) 708-5959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER

Daytime Phone #

CR2E083 (9/01)