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2002-03 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

2003 MAY -6 AM 8:37

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # M00000000113

1. Entity Name

SMITH PROPERTY HOLDINGS SUNSET POINTE 3 L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9200 E. PANORAMA CIRCLE

Suite, Apt. #, etc.

SUITE 400

City & State

ENGLEWOOD, CO

Zip
80112

Country
USA

3. Mailing Address

9200 E. PANORAMA CIRCLE

Suite, Apt. #, etc.

SUITE 400

City & State

ENGLEWOOD, CO

Zip
80112

Country
USA

4. FEI Number

74-6056896

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City

Tallahassee

FL

Zip Code
32301

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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
ARCHSTONE-SMITH OPERATING TRUST
9200 E. PANORAMA CIRCLE, #400
ENGLEWOOD, CO 80112

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

REINSTATEMENT

2002-03

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: 

DAVID M. FLORY, VP OF MBR

4/13/03

303-708-5959

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

Daytime Phone #