

M000000000114

2002 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED

2003 MAY -6 AM 8:33

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # M00000000114
1. Entity Name
SMITH PROPERTY HOLDINGS SUNSET POINTE COURT LLC

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	
--	--	--	--

500018031755
05/06/03--01016--028 **210.00

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-6056896	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
----------------------------------	--

DO NOT WRITE 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME 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:  DAVID M. FLORY, VP OF MBR 4/10/03 303-708-5959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #