

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90114 038 ****50.00

DOCUMENT # M00000000115

1. Entity Name

SMITH PROPERTY HOLDINGS SUNSET POINTE SOUTH 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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002

9. MANAGING MEMBERS/MANAGERS

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

10. ADDITIONS/CHANGES

Sole Member ☐ Change ☒ Addition
 Archstone-Smith Operating Trust
 9200 E. Panorama Circle, Suite 400
 Englewood, CO 80112 ☐ Change ☐ Addition

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

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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 REQUIRED

Flory August 20, 2002 (303) 708-5959

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

Date

Daytime Phone #

CR2E083 (4/02)