

2001 UNIFORM BUSINESS REPORT (UBR)

0028334 AF

DOCUMENT # M00000000277

1. Entity Name

ARC SPEI I, L.L.C.

FILED

01 APR 24 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

555 17TH STREET, SUITE 1600
DENVER CO 80202

Mailing Address

555 17TH STREET, SUITE 1600
DENVER CO 80202



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

600 GRANT STREET

3. Mailing Address

600 GRANT STREET

Suite, Apt. #, etc.

SUITE 900

Suite, Apt. #, etc.

SUITE 900

City & State

DENVER, CO

City & State

DENVER, CO

4. FEI Number

84-1370653

Applied For

Not Applicable

Zip

80203

Country

US

Zip

80203

Country

US

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME JACKSON, SCOTT D
STREET ADDRESS 555 17TH STREET, SUITE 1600
CITY-ST-ZIP DENVER CO 80202

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 600 GRANT ST., STE. 900
CITY-ST-ZIP DENVER, CO 80203
300004137583-00
-05/04/01--01112--021
*****50.00 *****50.00

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

Date

Daytime Phone #

0028334 (11/00)