

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90018 006 \*\*\*\*50.00

DOCUMENT # M00000000396



1. Entity Name  
**FINDLATER FAMILY LLC**

Principal Place of Business

2045 EMERSON ST.  
DENVER CO 80205

Mailing Address

1430 LARIMER STREET  
SUITE 208  
DENVER CO 80202-1709

2. Principal Place of Business

**332 ST. Paul Street**  
Suite, Apt. #, etc.

3. Mailing Address

**1430 LARIMER STREET**  
Suite, Apt. #, etc.  
**#208**



CHECK HERE IF MAKING CHANGES

City & State  
**DENVER, Colorado**

Zip  
**80206**

Country  
**DENVER**

City & State  
**DENVER CO**

Zip  
**80202**

Country  
**DENVER**

4. FEI Number **84-1290286**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KELLEY, ALBERT L**  
**926 TRUMAN AVE**  
**KEY WEST FL 33040**

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>FINDLATER, CHRIS</b>	
STREET ADDRESS	<b>1420 LARIMER #208</b>	
CITY-ST-ZIP	<b>DENVER CO 80202-1709</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Chris FINDLATER** 3/1/03 3038301234  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

000024  
CR2E083 (10/02)