

2002-UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91462 016 ****50.00

DOCUMENT # M00000000401

1. Entity Name

SMITH PROPERTY HOLDINGS SOUTH BEACH TOWERS L.L.C

Principal Place of Business

**2345 CRYSTAL DR., TENTH FLOOR
ARLINGTON VA 22202**

Mailing Address

**2345 CRYSTAL DR., TENTH 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

Zip

80112

Country

USA

Zip

80112

Country

USA

4. FEI Number

54-1681657

Applied For

Not Applicable

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**

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
CHARLES E. SMITH RESIDENTIAL REALTY LP
2345 CRYSTAL DR., TENTH FLOOR
ARLINGTON VA 22202**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Sole Member
Archstone-Smith Operating Trust
9200 E. Panorama Circle, Suite 400
Englewood, CO 80112**

☐ Change ☒ Addition

TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEM

David M. Flory

E

Date

Daytime Phone #

(303) 708-5959

CR2E083 (9/01)