

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001730

1. Entity Name

KRG CAPITAL PARTNERS, LLC

FILED

01 JAN 25 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1515 ARAPAHOE STREET
TOWER ONE, SUITE 1500
DENVER CO 80202

Mailing Address

1515 ARAPAHOE STREET
TOWER ONE, SUITE 1500
DENVER CO 80202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

84-1507887

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 32301-2525

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 NAME ☐ Delete
MGRM
KING CONSULTING CORPORATION
1515 ARAPAHOE ST., TOWER ONE, SUITE 1500
CITY-ST-ZIP DENVER CO 80202

TITLE NAME ☐ Delete
MGRM
ROGERS MANAGEMENT COMPANY
1515 ARAPAHOE ST., TOWER ONE, SUITE 1500
CITY-ST-ZIP DENVER CO 80202

TITLE NAME ☐ Delete
MGRM
CAPITAL RESOURCES GROWTH, INC.
1515 ARAPAHOE ST., TOWER ONE, SUITE 1500
CITY-ST-ZIP DENVER CO 80202

TITLE NAME ☐ Delete
MGRM
CAPITAL RESOURCES GROWTH, INC.
1515 ARAPAHOE ST., TOWER ONE, SUITE 1500
CITY-ST-ZIP DENVER CO 80202

TITLE NAME ☐ Delete
MGRM
LANE MANAGEMENT COMPANY
1515 ARAPAHOE ST., TOWER ONE, SUITE 1500
CITY-ST-ZIP DENVER CO 80202

TITLE NAME ☐ Delete
MGRM
HAMILTON/FAC KRG, LLC
1515 ARAPAHOE ST., TOWER ONE, SUITE 1500
CITY-ST-ZIP DENVER CO 80202

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE NAME ☐ Change ☐ 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.

Mark M. King, President

SIGNATURE:

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

1-19-01

Date

303.390.5001

Daytime Phone #

CR2E083 (11/00)