
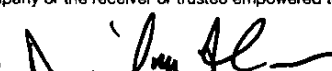


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May 12, 2005 8:00 am
Secretary of State

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DOCUMENT # M00000001974		05-12-2005 90031 010 ****50.00	
1. Entity Name SMITH PROPERTY HOLDINGS NEW RIVER VILLAGE L.L.C.			
Principal Place of Business 9200 E PANORAMA CIR STE 400 ENGLEWOOD, CO 80112		Mailing Address 9200 E PANORAMA CIRCLE ENGLEWOOD, CO 80112	
2. Principal Place of Business		3. Mailing Address 9200 E. Panorama Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 400	
City & State		City & State Englewood, CO	
Zip	Country	Zip	Country
80112		US	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARCHSTONE-SMITH OPERATING TRUST 9200 E PANORAMA CIR STE 400 ENGLEWOOD, CO 80112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		David M Flory 4/26/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # 303.708.5959	