

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90032 032 \*\*\*\*50.00

DOCUMENT # *M00000002413*

1. Entity Name

*MG-HIW, LLC* ✓

**DO NOT WRITE IN THIS SPACE**

956168

2. Principal Place of Business

*4643 South Ulster St.*

Suite, Apt. #, etc.

*Suite 1500*

City & State

*Denver, CO*

Zip

*80237*

Country

3. Mailing Address

*3100 Smoke tree Ct.*

Suite, Apt. #, etc.

*Suite 600*

City & State

*Raleigh NC*

Zip

*27604*

Country

4. FEI Number

*84-1566927*

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

*CT Corporation system*

Street Address (P.O. Box Number is Not Acceptable)

*1200 South Pine Island Rd*

City

*Plantation*

FL

Zip Code

*33324*

**DO NOT WRITE  
IN THIS SPACE**

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE	<i>MG RM</i>
NAME	<i>Miller Global HIW 20, LLC</i>
STREET ADDRESS	<i>4643 South Ulster St, Suite 1500</i>
CITY-ST-ZIP	<i>Denver CO 80237</i>

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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:

*James H. Miller*

James H. Miller

4/23/02

303-773-0369

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

Date

Daytime Phone #

CR2E083B (12/01)