

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # <i>m0000000 2526</i>					
1. Entity Name ARCHomesmart, L.L.C.					
Principal Place of Business 600 Grant Street Suite 900 Denver, CO 80203			Mailing Address 600 Grant Street Suite 900 Denver, CO 80203		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number 84-1563152	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			\$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			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<p>FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State</p>					
9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Scott D. Jackson, Manager 600 Grant St., Ste. 900, Denver, CO 80203	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500004137585 -05/04/01--01112--02 *****50.00 *****50	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Scott D. Jackson, Vice President & Agent</i>			Date: <i>4/20/01</i>		Daytime Phone #: <i>(813) 383-7506</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

CR22883 (1/00)