


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90225 002 ****50.00

| | |
|---|---|
| DOCUMENT # M00000002526 1. Entity Name ARCHOMESMART, L.L.C. |  |
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|--|--|
| Principal Place of Business 600 GRANT STREET, SUITE 900 DENVER, CO 80203 | Mailing Address 600 GRANT STREET, SUITE 900 DENVER, CO 80203 |
|--|--|

49010440

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02262004 No Chg-LLC CR2E083 (10/03)

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|-----------------------------|-------------------------------|
| 4. FEI Number 84-1563152 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--------------------------------|

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| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 |
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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. I am familiar with, and accept the obligations of registered agent.

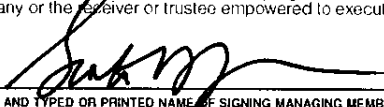
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR JACKSON, SCOTT D 600 GRANT STREET, SUITE 900 DENVER, CO 80203 |
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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:  2/27/04 (303) 291-0222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #