

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90004 040 ****50.00

DOCUMENT # M01000000527

1. Entity Name

MONADNOCK PROPERTY TRUST LLC ✓

Principal Place of Business

**7670 S. CHESTER ST., STE. 100
ENGLEWOOD CO 80112**

Mailing Address

**7670 S. CHESTER ST., STE. 100
ENGLEWOOD CO 80112**

2. Principal Place of Business

9200 E. Panorama Circle

3. Mailing Address

9200 E. Panorama Circle

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

Suite 400

City & State

Englewood, CO

City & State

Englewood, CO

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

80112

Country

USA

Zip

80112

Country

USA5. 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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**Managing Member
Archstone-Smith Operating Trust
9200 E. Panorama Circle, Suite 400**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:**SIGNATURE REC****David M. Flory****4/17/02****(303) 708-5959**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMB.

Date

Daytime Phone #

CR2E083 (9/01)