

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

04-25-2002 90004 020 \*\*\*\*50.00

**DOCUMENT # M01000001152**

1. Entity Name

**SMITH PROPERTY HOLDINGS HARBOUR HOUSE SOUTH, LLC** ✓

Principal Place of Business

**2345 CRYSTAL DR., TENTH FLOOR  
ARLINGTON VA 22202**

Mailing Address

**2345 CRYSTAL DR., TENTH FLOOR  
ARLINGTON VA 22202**

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 &amp; State

**Englewood, CO**

City &amp; State

**Englewood, CO**

4. FEI Number

**54-1681657**

Applied For

Not Applicable

Zip  
**80112**

Country

**USA**Zip  
**80112**Country  
**USA**5. Certificate of Status Desired ☐**\$5.00** Additional  
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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.

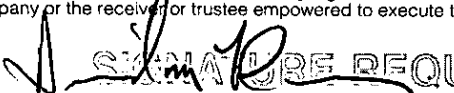
(NOTE: Registered Agent signature required when reinstating)

DATE

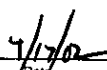
**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002****9. MANAGING MEMBERS/MANAGERS****10. ADDITIONS/CHANGES**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sole Member Archstone-Smith Operating Trust 9200 E. Panorama Circle, Suite 400 <input type="checkbox"/> Change <input checked="" 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
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:****David M. Flory****(303) 708-5959**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER



Daytime Phone #

CR2E083 (9/01)