FILED 2002 UNIFORM BUSINESS REPORT (UBR) Aug 19, 2002 8:00 am Secretary of State DOCUMENT # M01000001616 1. Entity Name MAF SEVILLE, LLC 08-19-2002 90136 032 ****50 00 Principal Place of Business Mailing Address C/O SEVO MILLER. INC. C/O SEVO MILLER, INC. 9000-3: YOSEMITE STREET, 10TH FLOOR 3600-S. YOSEMITE STREET, 10TH FLOOR. 975166 DENVER CO 90237 DENVER CO-80237 2. Principal Place of Business 3. Mailing Address 200 200 SPNCE ST Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE STE 200 ST€ City & State City & State 4. FEI Number APPLIED FOR Applied For 8 278 Not Applicable Country Country \$5.00 Additional 420 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301-2525 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 25, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR TITLE ☐ Delete Change Addition CR2E083 (4/02) NAME FEINER, MICHAEL A NAME 200 SPIJLE ST. STE 200 STREET ADDRESS STREET ADDRESS 3800 S. YOSEMITE STREET, 10TH FLOOR CITY-ST-ZIP CITY-ST-ZIP DENVER CO-60237-TITLE MGR ☐ Delete TITLE NAME MILLER, ANDREW S NAME STREET ADDRESS 3600 S. YOSEMITE STREET, 10TH FLOOR STREET ADDRESS 200 CPNUE ST STE 200 CITY-ST-ZIP CITY-ST-ZIP DENVER CO 60237 CO 80230 TITLE MGR TITLE **XI**:Change Addition NAME FRISHMAN, DAVID S 200 SPrice St. STE 200 STREET ADDRESS 3600 S. YOSEMITE STREET, 10TH FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DENVER CO-80237 (P 80230 TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

ATURE REQUIRED

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

SIGNATURE:

8-12-02 303-721-1000