

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90078 020 ****50.00

DOCUMENT # M01000001643

1. Entity Name

HP SEVILLE, LLC

Principal Place of Business

**3600 S. YOSEMITE ST., STE. 835
DENVER CO 80237**

Mailing Address

**3600 S. YOSEMITE ST., STE. 835
DENVER CO 80237**

2. Principal Place of Business

200 Spruce Street

Suite, Apt. #, etc.

Suite 201

City & State

Denver, CO

3. Mailing Address

200 Spruce Street

Suite, Apt. #, etc.

Suite 201

City & State

Denver, CO

Zip

80230

Country

USA

Zip

80230

Country

USA

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 **MGR** ☐ Delete
NAME **John M. Sevo**
STREET ADDRESS **200 Spruce Street, Suite 200**
CITY-ST-ZIP **Denver, CO 80230**

TITLE **MGR** ☐ Delete
NAME **Andrew S. Miller**
STREET ADDRESS **200 Spruce Street, Suite 200**
CITY-ST-ZIP **Denver, CO 80230**

TITLE **MGR** ☐ Delete
NAME **David S. Frishman**
STREET ADDRESS **200 Spruce Street, Suite 200**
CITY-ST-ZIP **Denver, CO 80230**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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.

SIGNATURE:

~~SIGNATURE REQUIRED~~**John M. Sevo, Mgr. 1/14/02****303-721-1000**

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

Date

Daytime Phone #

CR2E083 (9/01)