

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0076931

DOCUMENT # M01000001911

1. Entity Name
CCIP REGENCY OAKS, L.L.C.



FILED

2003 JUN 10 PM 8:55

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business
2000 SOUTH COLORADO BLVD., TOWER TWO
STE. 2-1000
DENVER CO 80222

Mailing Address
2000 SOUTH COLORADO BLVD., TOWER TWO
STE. 2-1000
DENVER CO 80222

2. Principal Place of Business
4582 S. ULSTER ST. PKWY.
Suite, Apt. #, etc.
SUITE 1100
City & State
DENVER

3. Mailing Address
4582 S. ULSTER ST. PKWY.
Suite, Apt. #, etc.
SUITE 1100
City & State
DENVER



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 84-1612272
Applied For
Not Applicable

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. 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) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONSOLIDATED CAPITAL INST PROP LP 2000 S COLO BLVD TOWER TWO 2-1000 DENVER CO 80222	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4582 S. ULSTER ST. PKWY. SUITE 1100 DENVER, CO 80237	<input checked="" 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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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: CHAD ASARCH, AUTHORIZED. REP. 6/4/03 303-757-8101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)