

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0076925

DOCUMENT # M01000001912

1. Entity Name

CCIP SOCIETY PARK EAST, L.L.C.



FILED

2003 JUN 10 PM 8:55

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

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

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

City & State DENVER
Zip 80237 Country US

City & State DENVER
Zip 80237 Country US

4. FEI Number 94-1612269
Applied For
Not Applicable

5. 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. 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

TITLE MGRM
NAME CONSOLIDATED CAPITAL INSTITUTIONAL PROP LP
STREET ADDRESS 2000 S COLO BLVD TOWER TWO 2-1000
CITY-ST-ZIP DENVER CO 80222

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 4582 S. ULSTER ST. PKWY.
CITY-ST-ZIP SUITE 1100 DENVER, CO 80237

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

CHAD ASARCH, AUTHORIZED. REP. 6/4/03

Date

303-757-8101

Daytime Phone #

CR2E083 (10/02)