

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # MO1000002422**

1. Entity Name

**SECURITY CAPITAL ATLANTIC MULTIFAMILY LLC**

Principal Place of Business

**7670 S. CHESTER ST., STE. 100  
ENGLEWOOD CO 80112**

Mailing Address

**7670 S. CHESTER ST., STE. 100  
ENGLEWOOD CO 80112**

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**

Zip

**80112**

Country

**USA**

Zip

**80112**

Country

**USA**

4. FEI Number

**74-2709914**

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.

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**Sole Member  
Archstone-Smith Operating Trust  
9200 E. Panorama Circle, Suite 400**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:****SIGNATURE REQ****David M. Flory****(303) 708-5959**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER

Date

Daytime Phone #

**FILED  
Apr 25, 2002 8:00 am  
Secretary of State**

04-25-2002 90005 033 \*\*\*\*50.00

**940410**

DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)