**FILED** Jul 23, 2004 8:00 am Secretary of State

U	MIFONM BOSII	1699 VELOU	Secre	Secretary of State			
1. Entity Nam	MENT # MOQOO	00001026				-	59 013 ****50.00
	DO NOT WRIT	E IN THIS S	SPAC	E	14026	709	
	Place of Business ant Street	3. Mailing Address 600 Grant St	root				
Suite, Apt. Suite	#, etc.	Suite, Apt. #, etc. Suite 900	reet		DO NOT WRITE IN THIS SPACE		
City & Stat		City & State	1 '		4. FE! Number Applied For		
		Zip	Denver, CO Zip Country		82 - 0538828 Not Applicable		
80203	US	80203	UW	ou y	5. Certificate of Status Desired		\$5.00 Additional ee Required
DO NOT WRITE IN THIS SPACE				Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street			
:				City Tallahassee		FL	Zip Code 32301
8. The above the obligat	named entity submits this statemer ions of registered agent.	nt for the purpose of changing	its register	ed office or registe	ered agent, or both, in the State of Flo	rida. I am fa	miliar with, and accept
SIGNATURE .	Signature, typed or printed name of registered a	pent and title if epolicable				DATE	
	;	Make Check Paye	able to FI	\$50,00 orida Departm MAY 1			
9.	MANA: 'NG MEN	MBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600 Grant Street, Suite 900						
TITLE NAME STREET ADDRESS CRY-ST-ZIP				I			
TITLE NAME			TITLE				

IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

STREET ADDRESS

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 emperied to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

TITLE

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

7/2/04

DO NOT WRITE

(303) 291-0222

Daytime Phone #