## 2003 LIMITED LIABILITY COMPANY

## Apr 24, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # M02000001026 03-24-2003 90686 031 \*\*\*\*50.00 1. Entity Name ARC COMMUNITIES 1 LLC Principal Place of Business Mailing Address 600 GRANT STREET, SUITE 900 600 GRANT STREET, SUITE 900 DENVER CO 80203 DENVER CO 80203 2. Principal Place of Business. 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number 82 - 0538828 Applied For City & State City & State Not Applicable Zio Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY— Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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, 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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9, MGR 3R2E083 (10/02) TITLE ☐ Change ☐ Addition TITLE ☐ Delete JACKSON, SCOTT D NAME NAME STREET ADDRESS 600 GRANT STREET, SUITE 900 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DENVER CO 80203 MGR ☐ Change TITLE 🔀 Delete TITLE ☐ Addition GESELL, SCOTT L NAME NAME 600 GRANT STREET, SUITE 900 STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP DENVER CO 80203 TITLE ☐ Addition Delete\_ Change TITLE NAME STREET ADDRESS STREET ADDRESS CDV-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TIME ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CDY-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 it 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.

REGEOTTA DITACKSON, MANAGER