

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90078 003 \*\*\*\*\*50.00

**DOCUMENT # M02000001261**

1. Entity Name

**ETI ASSET MANAGERS, L.L.C.**



Principal Place of Business

**165 SOUTH UNION BLVD., #700  
LAKEWOOD CO 80228**

Mailing Address

**165 SOUTH UNION BLVD., #700  
LAKEWOOD CO 80228**

40018148

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **84-1526429**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KOCH, DANA  
4902 EISENHOWER BLVD., SUITE 150  
TAMPA FL 33634**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**33634**

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 *Hany Derias* **HANY DERIAS**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**01/20/03**

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 **MGR** ☐ Delete  
NAME **HOLLAND, SUSAN K**  
STREET ADDRESS **165 SOUTH UNION BLVD. #700**  
CITY-ST-ZIP **LAKEWOOD CO**

TITLE **MGR** ☐ Delete  
NAME **CHRISTY, ALLEN**  
STREET ADDRESS **165 SOUTH UNION BLVD. #700**  
CITY-ST-ZIP **LAKEWOOD CO**

TITLE **MGR** ☐ Delete  
NAME **KILKENNY, GREGORY S**  
STREET ADDRESS **165 SOUTH UNION BLVD. #700**  
CITY-ST-ZIP **LAKEWOOD CO**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 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

*Gregory S. Kilkeny* **Gregory S. Kilkeny**

Date

**1/10/03**

Daytime Phone #

**303-277-1754**

CR2E083 (10/02)