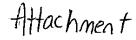
FILED Feb 25, 2004 8:00 am

Daytime Phone #

	2004	FLIMITED LIABILITY	COMP	4M T					
	£	ANNUAL REPORT	(AR) ^						
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DOCUMENT # M0300002754 1. Entity Name						Secretary of State 02-12-2004 90115 001 ****50.00			
ASN MIR	AMAR LA	KES LLC							
Principal Plac	e of Business	5	Mailing Address						
222 NORTH LASALLE STREET				9200 EAST PANORAMA CIR., STE. 400 ENGLEWOOD CO 80112		34000740			
						 	A 8410 ETTH 11711 HOLD		
2. Principal Place of Business 9200 E. Panorama Circle 3. Mailing Address									
Suite, Apt. #. etc. Suite 400			Suite, Apt. #. etc.		MOORE	CR2E083 (
	ood CCC		City & State		4. FEI Number AP-PLIED		No	plied For t Applicable	
Zip 801	12	Country Arapahoe	Z íp	Cour	itry	5. Certificate of Status Desired		.00 Add Required	
	6. Name	and Address of Current	Registered Agent			7. Name and Address of New	Registered Age	int	
			د مان محمد بازار در این بازار در این در د در در در این	-	Name				
	THAYS	ON SERVICE COMP STREET	ANY		- Street Address	(P.O. Box Number is Not Acceptab	le)		=
		EE FL 32301-2525							
			ļ		City	·	FL	Zip Code	,
	named entit		r the purpose of changing it	s register	ed office or registe	red agent, or both, in the State of F	lorida. I am fam	iliar with,	and accept
SIGNATURE .									
	Signature, typed	or printed name of registered agent r			d Agent signature require	g when reinstearig)	DATE .	·	
	,		FILE N Make Check Payal	IOW!!! ble to Fi	FEE IS \$50.00 orlda Departme	ent of State			1
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9.	luco	MANAGING MEMBE		10.		ADDITIONS	CHANGES	7.05	
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STREET ADDRESS			* *		EET ADDRESS				
CITY-ST-ZIP	ENGLEWO	XXX CO 80112		CITY	-ST-ZIP				
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STREET ADORESS CITY-ST-ZIP	}				EET ADORESS /- ST-ZIP				
11. I hereby	certify that th	e information supplied with	this filing does not qualify f	or the exc	emption stated in S	ection 119.07(3)(i), Florida Statutes	. I further certify	that the in	nformation
indicated limited fia	i on this repo ability compa	ny or the receiver or truste	i triat my signature shall hav e empowered to execute thi -	e ine sam s report a	e legal effect as if s required by Chaj	made under oath; that I am a mani oter 608, Florida Statutes.	aging member o	r manage	ir of the
CICNAT	rupe. \	May No) ————————————————————————————————————		avid M. F	lory 2/04/04	303-708-	5959	

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE





DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE PHILADELPHIA PA 19255-0023 DATE OF THIS NOTICE: 09-18-2003 NUMBER OF THIS NOTICE: CP 575 E EMPLOYER IDENTIFICATION NUMBER: FORM: SS-4 NOBOD

20-0206488 0000003243

#M03000007597

FOR ASSISTANCE CALL US AT: 1-800-829-0115

OR WRITE TO THE ADDRESS SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

ASN MIRAMAR LAKES LLC % ARCHSTONE-SMITH OPERATING TR 9200 E PANORAMA CIR STE 400 ENGLEWOOD CO 80112

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 20-0206488. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply .