## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # M03000004165

1. Entity Name



## **FILED** Jul 23, 2004 8:00 am Secretary of State 07-23-2004 90067 001 \*\*\*\*50.00

|   | unities 14 LLC  |  |  |   | -<br>-<br>1   | 140266                                   | 50                            |                            |                         |  |
|---|---|--|--|---|---|--|-------------------------------|----------------------------|-------------------------|--|
|   | DO NOT WRI  |  |  | E   |   |  |                               |                            |                         |  |
| •   | lace of Business<br>ant Street  |  | 3. Mailing Address 600 Grant Street                            |   |   |  |                               |                            | •                       |  |
| Suite, Apt.   | ***************************************   |  | Suite, Apt. #, etc.  |   |   | DO NOT WRITE                             | E IN THIS SP                  | ACE                        |                         |  |
| Suite   | 900   | Suite 900  |  |   |   |  |                               |                            |                         |  |
| City & State  |   | City & State   | •  |   |   | 4. FEI Number Applied For                |                               |                            |                         |  |
| Denver, CO Zip Country  |   |  | Denver, CO Zip Country   |   | 2   | 0-0427991                                |                               |                            | t Applicable            |  |
| Zip<br>80203  | US  | 80203  | UW   | шу  | 5. Certificate of Sta   | tus Desired                              |                               | 5.00 Add<br>e Require      |                         |  |
| 0.000   |   |  | 1  |   | 7. Name and Addres  | s of Current F                           | Registered A                  | \gent                      |                         |  |
|   |   |  |  |   | Name Corporation Service Company  |  |                               |                            |                         |  |
| DO NOT WRITE  |   |  |  |   | (P.O. Box Number is Not Acceptable)   |  |                               |                            |                         |  |
|   | IN THIS   | CDACE  |  | 1201 Hays   |   |  |                               |                            |                         |  |
|   | IN THIS   | SPACE  |  |   |   |  |                               |                            |                         |  |
|   | 1   |  |  | City  |   |  | FL                            | Zip Code                   | e                       |  |
|   |   |  |  | Tallaha   |   |  |                               | 3230                       |                         |  |
|   | named entity submits this statentions of registered agent.  | nent for the purpose of char   | nging its registere  | ed office or registe  | ered agent, or both, in t   | he State of Flor                         | rda. I am fan                 | niliar with, a             | and accept              |  |
| ino obnigan   | one or rogiciored again.  |  |  |   |   |  |                               |                            |                         |  |
| SIGNATURE .   | Signature, typed or printed name of registere   | n apent and title if applicable  |  |   |   |  | DATE                          |                            |                         |  |
|   | Ognizate, 17200 or printed marks or regional  | a agon and another and a second a second and | EEE IS   | \$50.00   | [   |  |                               |                            |                         |  |
| FEE IS \$50,00  Make Check Payable to Florida Department of State |   |  |  |   |   |  |                               |                            |                         |  |
|   |   |  | DUE BY   |   |   |  |                               |                            |                         |  |
| 9.  | MANAGING M  | I<br>MEMBERS/MANAGERS  |  |   | 1   |  |                               |                            |                         |  |
| TITLE   |   |  | TITLI  | E   |   |  |                               |                            |                         |  |
| NAME  | Manager NAM   |  | E.   |   |   |  |                               | 0000                       |                         |  |
| STREET ADDRESS  | Scott D. Jackson<br>600 Grant Street, Suite 900   |  | STRE   | ET ADDRESS  |   |  |                               |                            | و ا                     |  |
| CITY-ST-ZIP   | Denver, CO 80203  |  | СПҮ  | '-ST-ZIP .  |   |  |                               |                            |                         |  |
| TITLE   |   |  | TITLE  |   |   |  |                               |                            |                         |  |
| NAME<br>CIDEET ADDRESS  |   |  | NAM  | <b>I</b>  |   |  |                               |                            | ١,                      |  |
| CITY-ST-ZIP   | TREET ADDRESS TY-SI-ZIP   |  | STREET ADDRESS<br>CITY-ST-ZIP                                  |   |   |  |                               |                            |                         |  |
| TITLE   |   |  | TITLE  | <del></del>   | · · · · · · · · · · · · · · · · · · ·   |  |                               |                            |                         |  |
| NAME  |   |  | NAM  | <b>I</b>  |   |  |                               |                            |                         |  |
| STREET ADDRESS  |   |  | STRE   | ET ADDRESS  | DO 1  | N TOLA                                   | A/DIT                         |                            |                         |  |
| CITY-ST-ZIP   |   |  | СПУ  | -ST-ZIP   | ש טט  | NOT I                                    | /VPCII                        |                            |                         |  |
| TITLE   |   |  | TITLE  | E   | INI T   | HIS S                                    | PAC                           | F                          |                         |  |
| NAME  |   |  | NAM  |   | 114 1   |  |                               | <b></b>                    |                         |  |
| STREET ADDRESS CITY-ST-ZIP  |   |  |  | ET ADDRESS<br>-ST-ZIP   | •   |  |                               |                            |                         |  |
|   |   |  |  |   |   |  |                               |                            | -                       |  |
| TITLE<br>NAME   |   |  | TITLE  |   |   |  |                               |                            |                         |  |
| STREET ADDRESS  |   |  | I.   | ET ADDRESS  |   |  |                               |                            | ,                       |  |
| CITY-ST-ZIP   |   |  |  | - ST - ZIP  |   |  |                               |                            |                         |  |
| TITLÉ   |   |  | ", тиц   | E   |   |  |                               |                            |                         |  |
| NAME  |   |  | NAM  | E   |   |  |                               |                            |                         |  |
| STREET ADDRESS  |   |  |  | ET ADDRESS  |   |  |                               | •                          |                         |  |
| CITY-ST-ZIP   | 1   |  | <b></b>  | -ST-ZIP   |   |  |                               |                            |                         |  |
| 11. I hereby of indicated limited lial                            | certify that the information supplie<br>on this report is true and accura-<br>bility company or the receiver or | ed with this filing does not q<br>te and that my signature sha<br>trustee empowered to exec  | ualify for the exe<br>all have the same<br>oute this report as | mption stated in Se<br>e legal effect as if r<br>s required by Chap | ection 119.07(3)(i), Flor<br>made under oath; that<br>oter 608, Florida Statute | rida Statutes. I<br>I am a managi<br>es. | further certify<br>ing member | y that the ir<br>or manage | nformation<br>or of the |  |
|   | 1.1   | $\alpha \nu \gamma$  |  |   |   |  |                               |                            | !                       |  |

OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/2/04

(303) 291-0222

Daytime Phone #