2005 LIMITED LIABILITY COMPANY ANNUAL REPORT FILED Feb 07, 2005 08:00 AM Secretary of State

| n | $\cap$       | ?I. | IN/I | VT    | #     | ٨ | ΛO  | 30 | n | റ      | )N  | 4 | 1 | 67       | , |
|---|--------------|-----|------|-------|-------|---|-----|----|---|--------|-----|---|---|----------|---|
| _ | <b>、</b> / \ |     | '17' | <br>v | $\pi$ | ш | ~ ~ | -  | • | $\sim$ | ,,, | _ |   | $\sim i$ |   |

1. Entity Name

ARC COMMUNITIES 18 LLC



Principal Place of Business

SIGNATURE:

SIGNATURE AND

Mailing Address

600 GRANT STREET, SUITE 900 DENVER, CO 80203

600 GRANT STREET, SUITE 900 DENVER, CO 80203



## DO NOT WRITE IN THIS SPACE

01192005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0428188 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

| 6. | Name and | Address o | f Current | Registered | Agent |
|----|----------|-----------|-----------|------------|-------|
| _  |          |           |           |            |       |

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

## DO NOT WRITE IN THIS SPACE

|  |   |                     |  | TOTAL BOOK OF STREET   |  |  |  |
|--|---|---------------------|--|--|--|--|--|
| 8. The above the obligat                         | named entity submits this statement for the purpose of changions of registered agent.   | ging its registered | d office or registered agent, or be  | oth, in the State of Florida. I am familiar with, and accept   |  |  |  |
| SIGNATURE_                                       | Signature, typed or printed name of registered agent and title if applicable.   | (NOTE, Registered   | Agent signature required when reinstating)   | DATE   |  |  |  |
| Fi<br>Di   | iling Fee is \$50.00<br>ue by May 1, 2005   |                     |  |  |  |  |  |
| 9.   | MANAGING MEMBERS/MANAGERS   |                     | ,  | s mg s = s = s = s = s   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>JACKSON, SCOTT D<br>600 GRANT STREET, SUITE 900<br>DENVER, CO 80203  |                     | <u>-</u>   | Unantina deserva   |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP            |   |                     |  | U00000219355<br>02/08/05-80026-010 50.00   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |                     | DO   | NOT WRITE  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS I<br>CITY-ST-ZIP |   |                     | IN   | THIS SPACE   |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP            |   |                     | - <u>-</u> -   |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP            |   |                     | and the state of t | and the second s |  |  |  |
| hétsoibni  | certify that the information supplied with this filing does not que on this report is true and accurate and that my signature shability company or the receiver or trustee empowered to execute the company of the receiver or trustee empowered to execute the company of the receiver or trustee. | If have the same.   | ledal effect as if made under pat  | h: that I am a manaoing member or manager of the   |  |  |  |

OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE