LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #M0300001469

1. Entity Name

ARC Communities 13 LLC



FILED Jul 23, 2004 8:00 am Secretary of State

07-23-2004 90069 012 ****50.00

DO NOT WRITE IN THIS SPACE

14026710 2. Principal Place of Business 3. Mailing Address 600 Grant Street 600 Grant Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 900 Suite 900 City & State City & State 4. FEI Number Applied For Denver, CO Denver, CO 20-0427487 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 80203 US 80203 TW Fee Required 7. Name and Address of Current Registered Agent Corporation Service Company DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street IN THIS SPACE City Tallahassee 32301 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. Fam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1 MANAGING MEMBERS/MANAGERS TITLE CR2E083B (12/02) TITLE Manager NAME NAME Scott D: Jackson STREET ADDRESS STREET ADDRESS 600 Grant Street, Suite 900 CITY-ST-ZIP CITY-ST-ZIP Denver, CO 80203 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-7IP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Xi), 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

GNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

7/2/04

(303) 291-0222

Daytime Phone #