


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

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

07-23-2004 90069 014 ****50.00

DOCUMENT # <i>M03000004171</i>	
1. Entity Name ARC Communities 10 LLC	

DO NOT WRITE IN THIS SPACE

14026708

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 600 Grant Street Suite, Apt. #, etc. Suite 900 City & State Denver, CO Zip 80203		3. Mailing Address 600 Grant Street Suite, Apt. #, etc. Suite 900 City & State Denver, CO Zip 80203		4. FEI Number 20-0427349	Applied For <input type="checkbox"/> Not Applicable
Country US		Country UW		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
City
Tallahassee FL Zip Code
32301

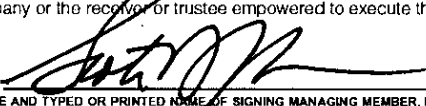
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. **DATE** _____

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Scott D. Jackson 600 Grant Street, Suite 900 Denver, CO 80203	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  **7/2/04** **(303) 291-0222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)