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ATIONS



ACCOUNT NO. : 072100000032

REFERENCE: 409129 4322606

AUTHORIZATION :

COST LIMIT : \$ 160.00

ORDER DATE: June 3, 2005

ORDER TIME : 1:27 PM

ORDER NO. : 409129-005

CUSTOMER NO: 4322606

CUSTOMER: Ms. Karen L. Roberts

Otten, Johnson, Robinson,

Suite 1600

950 Seventeenth Street

Denver, CO 80202

FOREIGN FILINGS

NAME: CH AMELIA I, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
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XX ___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea -- EXT# 2914

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTERY FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	(Name of Foreign Limite	d Lia	bility Company)
Delaware		_	
	which foreign limited liabilit	ູ 3.	(FEI number, if applicable)
mpany is organized)	AMOUNT TOLOUGH HIMMOO MECHIN	J	(a was summond or abbesomose)
December 28, 2004			Perpetual
(Date of Organ		Э.	(Duration: Year limited liability company will cease to
, -	•		exist or "perpetual")
(Da (Sec	te first transacted business in sections 608.501 & 608.502 I	Flori S. ic	da, if prior to registration.) determine penalty liability)
Crescent VI, 8400	E. 'Crescent Parkway		
Greenwood Village,	Colorado 80131		
Greenwood village,		ss of	Principal Office)
	(= 1.1. 1 .1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
f limited liability comp	any is a manager-manag	ed co	mnany, check here
			ornibani, one or mere []
			on party, on our note L
			ing members or managers are as follows:
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The name and usual bus	iness addresses of the m		
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Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

2. The name	e and the Florida street addr	ess of the registered agent and office are:	
	Corporation Service		
		(Name)	
	1201 Hays Street		
	Florida Street		
	Tallahassee	FL 32301	
		City/State/Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Corporation Service Company

By: Nelsonah W. Skipper

(Signature) Deborah D. Skipper

Asst. V. Pres.

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CH AMELIA I, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF JUNE, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CH AMELIA I, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Darriet Smith Hindson
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3921274

DATE: 06-02-05

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