

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000004885

**FILED**  
**Aug 28, 2012**  
**Secretary of State**

**Entity Name:** DCX CB SQUARE TWENTY-NINE LLC

**Current Principal Place of Business:**

518 17TH STREET  
SUITE #1700  
DENVER, CO 80202

**New Principal Place of Business:**

**Current Mailing Address:**

518 17TH STREET  
SUITE #1700  
DENVER, CO 80202

**New Mailing Address:**

**FEI Number:** 20-0805262

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** RALPH AND MOLLY WOLVECK FAMILY TRUST  
**Address:** 518 17TH STREET, SUITE 1700  
**City-St-Zip:** DENVER, CO 80202

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: RALPH AND MOLLY WOLVECK FAMILY TRUST

MGRM

08/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date