## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEM

	Ultil Ultil 200			<del></del> 1			
DOCUMENT # M9600000421  1. Entity Name  SMF SILVER LAKE MANAGEMENT LLC				OI MAY -7 PM 4: 06			
Principal Place of Business 3600 S. YOSEMITE ST., 10TH FLOOR DENVER CO 80237		Mailing Address 3800 S. YOSEMITE ST., 10TH FLOOR DENVER CO 80237			TALLAHAS	RY OF STATI	
2. Principal Place of Business		3. Mailing Address				<b>  11</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-	DO NOT WRITE IN	THIS SPACE	
City & State		City & State		4. FEI Num	ber <b>84-1361732</b>		plied For
Zip	Country	Zip	Country	5. Certifica	te of Status Desired	\$5.00 Add	litional
*.	6. Name and Address of Current	Registered Agent		7. Name at	d Address of New Regis	tered Agent	
•	PORATION SYSTEM ITH PINE ISLAND ROAD		Street Address	ess (P.O. Box Number is Not Acceptable)			
PLANIAII	ON FL 33324		City	<u></u>		FL Zip Cod	0
8 The above	named entity submits this statement for	or the purpose of changing it	s reaistered office or reais	tered agent, or b	oth, in the State of Florida		
o. The above	Hamed entity addition this statement is	or the purpose or entanging in	• 10 <b>9</b> /2/2/2	· · <b>y</b> · · ·			
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signature requ	ired when reinstating)	1	DATÉ	
		l l	IOW!!! FEE IS \$50.0 ayable to Department	1	(		
9.	MANAGING MEME	ERS/MEMBERS	10.		ADDITIONS/CH		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER, ANDREW S 3600 S. YOSEMITE ST., 10TH F DENVER CO 80237	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEVO, JOHN M 3600 S. YOSEMITE ST., 10TH F DENVER CO 80237	□ Delete	TITLE NAME STREET ADDRESS CTTY-ST-ZIP		!	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Delete TITLE NAME			, un nu an		41583 101040 .00 *****	005
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		; 	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		1	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
11. I hereby of indicated	certify that the information supplied wit on this report is true and accurate and	h this filing does not qualify f	or the exemption stated in	Section 119.07( if made under or	3)(i), Florida Statutes. I fur ath; that I am a managing	ther certify that the member or manage	information er of the

303-72)-1000 Daytime Phone #