File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State FILED 1999 DIVISION OF CORPORATIONS 50 MAY +3 PN 5: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company TORUJANY (F. SUMB **DOCUMENT # M97000000138** 1a. Principal Place of Business Address CENTERPOINT FINANCIAL SERVICES, LLC 1675 LARIMER STREET, SUITE 880 1675 LARIMER STREET, SUITE 8 DENVER CO 80202 DENVER CO 80202 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 03/18/1997 CO Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 84-1374440 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country \$8.75 Additional Fee Required 05/05/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 Suite, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstaining) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR ROBERTS, GORDON R 1675 LARIMER STREET, SUITE DENVER CO MGR SCHIELL, CHARLES R 1675 LARIMER STREET, SUITE DENVER CO

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER ON MANAGER

limited liability company or the receiver or trustee empowered to e

attachment with an address.

SIGNATURE:

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Hurther certify that the information indicated on this annual 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

acute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an