2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000854

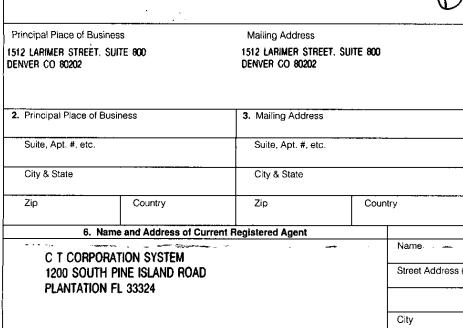
1. Entity Name



FILED Jul 23, 2002 8:00 am Secretary of State

07-23-2002 90345 024 ****50.00

SAGE HOSPITALITY F	RESOURCES, LLC	



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2. Principal F	Place of Business	Mailing Address				DO NOT WRITE IN THIS SPACE				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.							
City & Stat	te	City & State	City & State		4. FEI Number	4. FEI Number 84-1273343			Applied For	
Zip	Country	Zip	p Country					\$5.00 Additional Fee Required		
	6. Name and Address of Current Rec	istered Agent	1		7. Name and A	ddress of New Regi	stered Ag	ent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Street Address (P.O. Box Number is Not Acceptable)						
				City			FL	Zip Code		
	e named entity submits this statement for the tions of registered agent.	e purpose of changing it	s registere	ed office or regi	stered agent, or both,	in the State of Florida	a. I am far	niliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent and ti	tle if applicable. (NO	TE: Registere	d Agent signature req	uired when reinstating)		DATE]	
	>	Make Check P	ayable to y Septe	FEE IS \$50.0 Departmen mber 25, 200	t of State					
9.	MANAGING MEMBERS		10.			ADDITIONS/CH				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAGE MANAGEMENT SERVICES, IN 1512 LARIMER STREET, SUITE 800 DENVER CO 80202	C.					[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					[Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					[Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREE	I				Change	☐ Addition	

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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE