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 FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 APR 16 PM 4: 02 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SECRETARY OF STATE TALLAHASSFE, FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 188.75 Name and Mailing Address of Limited Liability Company **DOCUMENT # M98000000223** 1a. Principal Place of Business Address NEW COMMUNITIES, L.L.C. 5000 S. QUEBEC STREET, SUITE 400 DENVER CO 80237 5000 S. QUEBEC STREET, SUITE DENVER CO 80237 3. Date Organized or Qualified 2. Principal Place of Business 2a. Mailing Address 3a. State of Formation 03/04/1998 CO Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 84-1435228 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country 7<sub>in</sub> Zip Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office LARSEN, ERIK C 243 W. PARK AVENUE, SUITE 201 Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32789 Suite, Apt. #, etc. Zip Code 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. I hereby accept the appointment as registered agent, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment) (NOTE, Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code KLEIN, THOMAS P 5000 S. QUEBEC STREET, SUI DENVER CO MGR 4figun2849694----n4/23/99--01082--001 \*\*\*\*198.75 \*\*\*\*188.75 11. I do 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 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.

FIGURE AND TYPLD OF PRINTED NAME OF SIGNING MANAGING MEMBER OF MANAGER

<u>303 850 -0362</u>

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SIGNATURE: