2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -8 PM 3:55

DOCUMENT # M98000000223

1. Entity Name
NEW COMMUNITIES, L.L.C.

Principal Place of Business	Mailing Address
5600 SOUTH QUEBEC STREET 200-B GREENWOOD VILLAGE, CO 80011	5600 SOUTH QUEBEC STREET 200-B GREENWOOD VILLAGE, CO 80011

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
730 17th Street	730 17th Street
Suite, Apt. #, etc. Suite 520B	Suite, Apt. #, etc. Suite 520B
City & State Denver, CO	City & State Denver, CO
Zip: 80202 Country: USA	Zip: 80202 Country: USA

4. FEI Number: 84-1435228 ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LARSEN, ERIK C 243 W. PARK AVENUE, SUITE 201 WINTER PARK, FL 32789	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MURHPY, JAMES R 5600 SOUTH QUEBEC STREET STE 200-B GREENWOOD VILLAGE, CO 80111	☐ Delete	Manager Thomas P. Klein 730 17th Street; Suite 520B Denver, CO 80202	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	500024178925 10/27/03--01120--007 **50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	REINSTATEMENT 03	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	500024178925 12/11/03--01065--003 **100.00	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E083 (10/02)

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.

SIGNATURE: Thomas P. Klein October 20, 2003 303-573-0038 X-530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #