

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000400

1. Entity Name
ARC III, L.L.C.

Principal Place of Business
600 GRANT STREET, SUITE 900
DENVER CO 80203

Mailing Address
600 GRANT STREET, SUITE 900
DENVER CO 80203

FILED

01 JAN 22 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 84-1429521

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE NAME MGRM AFFORDABLE RESIDENTIAL COMMUNITIES LP III ☒ Delete
STREET ADDRESS 555 17TH STREET, SUITE 1600
CITY-ST-ZIP DENVER CO 80202

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 100003575901--7
CITY-ST-ZIP -01/26/01--01023--010

TITLE NAME MGR JACKSON, SCOTT D ☐ Delete
STREET ADDRESS 555 17TH STREET, SUITE 1600
CITY-ST-ZIP DENVER CO 80202

TITLE NAME MGR JACKSON, SCOTT D. ☒ Change ☐ Addition
STREET ADDRESS 600 Grant Street, Suite 900
CITY-ST-ZIP Denver, CO 80203

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

Scott D. Jackson

SCOTT D. JACKSON, Vice President 1/12/01 (303) 291-0222

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

Date

Daytime Phone #

CR2E083 (11/00)