

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0014910 AF

DOCUMENT # M98000000759

1. Entity Name  
AIOP GULFSTREAM OUTLOT III, L.L.C.

100 MAY -1 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3410 SOUTH GALENA STREET, SUITE 210  
DENVER CO 80231

Mailing Address  
3410 SOUTH GALENA STREET, SUITE 210  
DENVER CO 80231-5088



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number 84-1483295  
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

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

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

9. MANAGING MEMBERS/MEMBERS  
TITLE NAME MGRM ASSET INVESTORS OPERATING PARTNERSHIP  
STREET ADDRESS 3410 SOUTH GALENA STREET, SUITE 210  
CITY-ST-ZIP DENVER CO 80231

10. ADDITIONS/CHANGES  
TITLE NAME  
STREET ADDRESS 300003260943--7  
CITY-ST-ZIP -05/22/00--01015--020  
\*\*\*\*\$50.00 \*\*\*\*\$50.00

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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: *By: Asset Investors Operating Partnership, L.P.*  
*By: David M. Beazer, General Partner*  
*David M. Beazer, C.F.O.* 4/27/00 (303) 614-9400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)