

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0014914 AF

DOCUMENT # M98000001365

1. Entity Name
CAX SAVANNA, L.L.C.

00 JUN -6 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3410 S. GALENA STREET, SUITE 210
DENVER CO 80231

Mailing Address

3410 S. GALENA STREET, SUITE 210
DENVER CO 80231-5088



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

84-148455 ~~NOT APPLICABLE~~

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

TITLE NAME MGRM COMMERCIAL ASSETS, INC.
STREET ADDRESS 3410 S. GALENA STREET, SUITE 210
CITY- ST- ZIP DENVER CO 80231

☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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10. ADDITIONS / CHANGES

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change

☐ Addition

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

☐ 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.

SIGNATURE:

By: *David M. Beckes*
David M. Beckes, F.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

7/27/00 (303) 614-9400