

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001365

1. Entity Name

CAX SAVANNA, L.L.C.

Principal Place of Business

3410 S. GALENA STREET, SUITE 210
DENVER CO 80231

Mailing Address

3410 S. GALENA STREET, SUITE 210
DENVER CO 80231

2. Principal Place of Business

29399 US 19 North

3. Mailing Address

29399 US 19 North

Suite, Apt. #, etc.

320

Suite, Apt. #, etc.

320

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33761

Country

USA

Zip

33761

Country

USA

4. FEI Number

84-1481455

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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

200004422552--0

-06/15/01--01064--008

*****55.00 *****55.00

9. MANAGING MEMBERS / MEMBERS

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE MGRM ☐ Change ☒ Addition
NAME Asset Investors Operating Partnership
STREET ADDRESS 29399 US 19 North, #320
CITY-ST-ZIP Clearwater, FL 33761

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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

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

4/30/01

Date

727/726-8868

Daytime Phone #

CR2E083 (11/00)

0029008 AF

FILED

01 JUN -4 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE