

# 2001 UNIFORM BUSINESS REPORT (UBR)

0029012 AF

DOCUMENT # M98000001366

1. Entity Name

CAX RIVERSIDE, 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

28399 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

NOT APPLICABLE

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**

9. MANAGING MEMBERS/MEMBERS

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 300004422943--0  
CITY-ST-ZIP -06/15/01--01080--018  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

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

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

TITLE NAME ☐ Change ☐ Addition  
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:

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

4/30/01

727/726-8868

Date

Daytime Phone #

CR2E083 (11/00)

