APPROVEL AND FILED



2000 UNIFORM BUSINESS REPORT (UBR)

| | | | | | | ٦ | | | | |
|---------------------------------|-------------------|--|---|--|--|--|-------------------------------------|-------------------------------------|-------------------------|-----------------|
| DOCUM | 1ÉNT | # Magnor | 00 OCT 30 PM 4: 12 | | | | | | | |
| 1. Entity Name AP/TEMP | nie i | 7 M (1000 | SECRETARY OF STATE | | | | | | | |
| AP/IEMP | оз, п | пс | | | | TALLAF | IASSEE, F | LORIDA | | |
| Principal Place o | of Busines | 5 | Mailing Address | 1 | | | • | | | |
| | | - | | | | | | | | |
| | | | | | | . 8000 | 0344 | 1364 | 8 | 7 |
| 2. Principal Plac 2. Manhatt | | ness, lle ^o Rôad | 3. Mailing Address Same as PP | | | EMSTAT | EMEN | T-20 | 00 | |
| Suite, Apt. #, Attn.: Ro | | Solotruk | Suite, Apt. #, etc. | | - | - DONOI | WHITE IN THIS | SPACE | | - |
| City & State Purchase | | 10577 | City & State | | | 4. FE: Number Applied For 13-4054738 Not Applicable | | | | |
| 10577 | Country USA | | Zip Coun | | try | 5. Certificate of Status Desired \$5.00 Additional Fee Required | | | | |
| | 6. Name | and Address of Current | Registered Agent | <u>' </u> | 7. Name and Address of New Registered Agent | | | | | } |
| | | Service Compan | ny | | Name | · | | | | |
| 1201 Hay | | treet FL 32301-252 | 25 | | Street Address (P.O. Box Number is Not Acceptable) | | | | |] |
| Tarranas | , | 11 32301 23 | | | | · | | | _, | 1 |
| | | | | | City | | <u> </u> | Zip Code | e | 1, |
| 6. The above na | amed entit | y submits this statement for | the purpose of changing it | s registere | ed office or registe | red agent, or both, in the State o | of Florida. | | | ŀ |
| SIGNATURE _ | Oele | orah N. Sk | LOBER | | its agent | | 10-30 | 1-00 | | |
| Sig | gnature, typed | or printed name of registered agent a | nothite il applicable. (NO | TE: Registere | d Agent signature require | d when reinstating) | DATE | | | 1 |
| | | | CARLES CARLES CONTROL OF CONTROL | | FEE (8 \$50.00 e Department o | n State | | | | |
| 9. | | MANAGING MEMBE | RS/MEMBERS | 10. | | ADDITIO | ONS/CHANGES | ŝ | | 1_ |
| TITLE | 7 | s Property III | ☐ Delete | TITLE | 1 | | | ☐ Change | Addition | 11/99 |
| | | nattanville Ro | - | | ET ADDRESS | | ÷ | | | CR2E083 (11/99) |
| 1 | | aser, NY 1057 | 77. Manager | | -ST-ZIP | | | ☐ Change | ☐ Addition | 뷥. |
| TITLE . | | | Delete . | TITL | ī | | | Ti Cuande | L.J Addition | 0 |
| STREET ADDRESS | | | | | EET ADDRESS '-ST-ZIP | , | | | | |
| CITY-ST-ZIP TITLE | | | ☐ Delete | TITL | | | | Change | Addition | 1 |
| NAME | | • | | NAM | EET ADDRESS | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | • | | | -ST-ZIP | <u> </u> | | | | |
| TITLE | | , | ☐ Delete | TITU | l l | | | Change | Addition | |
| NAME STREET ADDRESS | * | | | NAM STRI | EET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | -ST-ZIP | | | ☐ Change | Addition | - |
| TITLE NAME | | | ☐ Detete | TITL: NAM | 1 | | | Chango | | |
| STREET ADDRESS | | | | | EET ADORESS 7-ST-ZIP | | ** | | | |
| CITY-ST-ZIP | | | Delete | TITL | | | - M | Change | Addition | 1 |
| NAME | | | | NAM | ie | | - Y | 20-0 | \cup | |
| STREET ADDRESS CITY-ST-ZIP | | • | • | CITY | EET ADDRESS 1-ST-ZIP | | -10 | - <i>D</i> | | _ |
| 11. I hereby ce | rtify that the | ne information supplied with ort is true and accurate and ony or the receiver or truster | this filing does not qualify f that my signature shall have empowered to execute this | or the exe e the sam s report a | emption stated in S ie legal effect as if s required by Chap | ection 119.07(3)(i), Florida Stat made under oath; that I am a n oter 608, Florida Statutes. | utes. I further ce nanaging memb | ertify that the in per or manage | nformation er of the | |
| | , | KRONUS PROJ | | | s Manager | | ٠ | | | |
| SIGNATU | JRE. ^B | | NTED NAME OF SIGNING MANAGIN | G MEMBER | OR MANAGER | 10/27/00 Date | 212-2 | 261-400 Daytime Phone # | 0 | |
| | | Alfred C. Ti | ivilino, Vice | Pre | sident - | <u> </u> | | | | |





ACCOUNT NO. : 072100000032

REFERENCE

879106

4332362

AUTHORIZATION

COST LIMIT

ORDER DATE: October 27, 2000

ORDER TIME : 10:18 AM

ORDER NO. : 879106-005

CUSTOMER NO:

4332362

CUSTOMER:

Jean Harrison, Paralegal Brownstein Hyatt & Farber, 410 17th Street, 22nd Floor

Denver, CO 80202

ANNUAL REPORT FILING

NAME: AP/TEMPUS, LLC

_ ANNUAL REPORT/REINSTATEMENT PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: JEANINE REYNOLDS- Ext. 1133

EXAMINER'S INITIALS:



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