# LIMITED LIABILITY COMPANY
# UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 02, 2002 8:00 am**
**Secretary of State**
06-02-2002 90903 042 ****50.00

DOCUMENT # M99000006116

1. Entity Name
Professional Exchange Accommodators, LLC

000409

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 8101 E. Prentice Ave., | Same |
| Suite, Apt. #, etc.: Suite 605 | Suite, Apt. #, etc. |
| City & State: Greenwood Village, CO | City & State |
| Zip: 80111 Country: USA | Zip Country |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 84-1294453 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Nace Cohen

Street Address (P.O. Box Number is Not Acceptable): 287 Burnt Pine Drive

City: Naples FL Zip Code 34119

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: Nace Cohen Nace Cohen 5-24-02
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY JULY 1

9. MANAGING MEMBERS / MANAGERS

| | |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Manager<br>Gary R. Gorman<br>8101 E. Prentice Ave., Suit<br>Greenwood Village, CO 80111 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

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: Gary R. Gormanm , Manager 5-23-02 303-773-6838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #