

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M99000001236**

1. Entity Name
CAX RIVERSIDE III, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN -9 PM 1:22

Principal Place of Business Mailing Address
3410 SOUTH GALENA AVENUE 3410 SOUTH GALENA AVENUE
DENVER CO 80231 DENVER CO 80231-5089



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **84-1500243** ~~APPLIED FOR~~ 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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

BLT

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE Delete
NAME **MGRM**
STREET ADDRESS **COMMERCIAL ASSETS, INC.**
CITY-ST-ZIP **3410 SOUTH GALENA AVENUE
DENVER CO 80231**

Change Addition
300003299139--1
-06/21/00--01067--021
*******50.00 *****50.00**

TITLE Delete
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CITY-ST-ZIP

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Change Addition
TITLE
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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)(f), 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: Commercial Assets, Inc. David M. ...*

Date: **4/27/00** Daytime Phone #: **(303) 614-9400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #