

# 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change       Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change       Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change       Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change       Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change       Addition  
TITLE  
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)(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. ...*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

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

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