

2000 UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # M99000001236

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

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 Applied For
 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 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

BLT

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGRM Delete
 NAME COMMERCIAL ASSETS, INC.
 STREET ADDRESS 3410 SOUTH GALENA AVENUE
 CITY-ST-ZIP 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
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Change Addition
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 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: *Commercial Assets, Inc.*
 By: *David M. Decker*
 DAVID M. DECKER

4/27/00 (303)614-9400

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