## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 05, 2005 8:00 am Secretary of State 05-05-2005 90021 020 \*\*\*\*50.00

DOCUMENT # M9900001352  1. Entity Name TURTLE RUN AT CORAL SPRINGS L.L.C.						05-05-2005	90021 020 ***	**50.00
Principal Place of Business 9200 E. PANORAMA CIRCLE SUITE 400 ENGLEWOOD, CO 80112		Mailing Address 9200 E PANORAMA CIRCLE ENGLEWOOD, CO 80112		14016831				
2. Principal Place of Business		3. Mailing Address 9200 E. Panorama Circle						
Suite, Apt. #, etc.		Suite Apt. # etc. Suite 400		04252005	Chg-LLC	CR2E083 (10/	03)	
City & State		City & State Englewood, CO		4. FEI Numb	pplicable	30487	Applied For Not Applicable	
Zip	Country	80112	Country		<u> </u>	of Status Desired	Fee Req	Additional uired
	6. Name and Address of Current R	legistered Agent			7. Name and	d Address of New R	egistered Agent	
C T CODD	ODATION OVOTELA		1	Name				
1200 SOU	ORATION SYSTEM TH PINE ISLAND ROAD ON, FL 33324		S	Street Address	P.O. Box Numb	per is Not Acceptable	9)	
				City	· · ·			Code
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistered o	office or registe	red agent, or bo	oth, in the State of Flo	orida. I am familiar v	vith, and accept
SIGNATURE .	Signature, typed or printed name of registered agent are	nd title if applicable. (NOTE:	Registered Age	pent signature required	d when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2005					Make check payable to Florida Department of State			
Fi Di	iling Fee is \$50.00 ue by May 1, 2005						• •	
Pi Di	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBEF	RS/MANAGERS	10.				Department of \$	
D	ue by May 1, 2005	IS/MANAGERS	10. TITLE			Florida	Department of S	State
9.	ue by May 1, 2005  MANAGING MEMBER	☐ Delete				Florida	Department of \$	State
9.	MANAGING MEMBER	☐ Delete G TRUST	TITLE	1		Florida	Department of S	State
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM ARCHSTONE-SMITH OPERATING 9200 E. PANORAMA CIRCLE, SU	☐ Delete G TRUST	TITLE NAME STREET A	1	· · · · · · · · · · · · · · · · · · ·	Florida	CHANGES	State  Ge Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM ARCHSTONE-SMITH OPERATING 9200 E. PANORAMA CIRCLE, SU	☐ Delete G TRUST JITE 400	TITLE NAME STREET AI CITY-ST-	1		Florida	Department of S	State  Ge Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGRM ARCHSTONE-SMITH OPERATING 9200 E. PANORAMA CIRCLE, SU	☐ Delete G TRUST JITE 400	TITLE NAME STREET AI CITY-ST-	-ZIP		Florida	CHANGES	State  Ge Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER MGRM ARCHSTONE-SMITH OPERATING 9200 E. PANORAMA CIRCLE, SU	☐ Delete G TRUST JITE 400	TITLE NAME STREET AI CITY-ST- TITLE NAME	-ZIP NOORESS		Florida	CHANGES	State  Ge Addition
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGRM ARCHSTONE-SMITH OPERATING 9200 E. PANORAMA CIRCLE, SU	G TRUST  JITE 400  Delete	TITLE NAME STREET AL CITY-ST- TITLE NAME STREET AL CITY-ST- TITLE NAME STREET AL CITY-ST- TITLE	ADDRESS -ZIP  ODRESS -ZIP		Florida	CHANGES Char	ge Addition  Ge Addition
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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 pr trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

David M Flory

303.708.5959