

2001 UNIFORM BUSINESS REPORT (UBR)

UBR 01-01-01

DOCUMENT # M99000001979

1. Entity Name

FOA 1000 NORTH ORLANDO LLC

FILED

01 JAN 24 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

165 SOUTH UNION BLVD., STE. 510
LAKEWOOD CO 80228

Mailing Address

165 SOUTH UNION BLVD., STE. 510
LAKEWOOD CO 80228

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2204940

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME Delete
STREET ADDRESS CITY-ST-ZIP
**MGR ALLIANCE COMMERCIAL PARTNERS, LLC
165 SOUTH UNION BLVD., STE. 510
LAKEWOOD CO 80228**

TITLE NAME Add Change Addition
STREET ADDRESS CITY-ST-ZIP
**400003623704
-02/02/01--01011--009
*****50.00 *****50.00**

TITLE NAME Delete
STREET ADDRESS CITY-ST-ZIP
**MGRM MCCORMICK, DOUGLAS
165 SOUTH UNION BLVD., STE. 510
LAKEWOOD CO 80228**

TITLE NAME Change Addition
STREET ADDRESS CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS CITY-ST-ZIP

TITLE NAME Change Addition
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)(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: *[Signature]* 1-17-01 303-786-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)