

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001981
1. Entity Name
 FOA 1936 LEE ROAD LLC

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 AUG 28 AM 10: 02

Principal Place of Business
 UNION TOWER, STE 380
 165 SOUTH UNION BLVD
 LAKEWOOD CO 80228

Mailing Address
 UNION TOWER, STE 380
 165 SOUTH UNION BLVD
 LAKEWOOD CO 80228



mf

2. Principal Place of Business
 165 South Union Blvd.
 Suite, Apt. #, etc.
 SUITE 510
 City & State
 LAKEWOOD CO

3. Mailing Address
 165 South Union Blvd
 Suite, Apt. #, etc.
 SUITE 510
 City & State
 LAKEWOOD, CO

Zip **80228** Country
 Zip **80228** Country

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

4. FEI Number 52-2204942
 Applied For Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

7. Name and Address of New Registered Agent
 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/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alliance Commercial Partners, LLC MANAGER 165 S. Union Blvd, Suite 200 LAKEWOOD, CO 80228 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOUGLAS H S PERMICK MANAGING MEMBER <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300003384243-3 -09/06/00--01104--009 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **DATE:** 9/24/00 **DAYTIME PHONE #:** 303-763-2245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CR2E083 (5/00)