

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2002 8:00 am**  
**Secretary of State**

04-25-2002 90001 014 \*\*\*\*50.00

**DOCUMENT # M99000002005**

1. Entity Name

**SMITH PROPERTY HOLDINGS AVENTURA B L.L.C.**

Principal Place of Business

**2345 CRYSTAL DRIVE, 10TH FL  
ARLINGTON VA 22202**

Mailing Address

**2345 CRYSTAL DRIVE, 10TH FL  
ARLINGTON VA 22202**

2. Principal Place of Business

**9200 E. Panorama Circle**

3. Mailing Address

**9200 E. Panorama Circle**

Suite, Apt. #, etc.

**Suite 400**

Suite, Apt. #, etc.

**Suite 400**

City & State

**Englewood, CO**

City & State

**Englewood, CO**

Zip

**80112**

Country

**USA**

Zip

**80112**

Country

**USA**

4. FEI Number

**54-1713229**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **SMITH PROPERTY HOLDINGS ONE LP**  
STREET ADDRESS **2345 CRYSTAL DRIVE, 10TH FL**  
CITY-ST-ZIP **ARLINGTON VA 22202**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **9200 E. Panorama Circle, Suite 400**  
CITY-ST-ZIP **Englewood, CO 80112**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**David M. Flory**

**4/17/02**  
Date

**(303) 708-5959**  
Daytime Phone #

CR2E083 (9/01)