

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

04-25-2002 90004 008 \*\*\*\*50.00

0044701

**DOCUMENT # M99000002006**

1. Entity Name

**SMITH PROPERTY HOLDINGS AVENTURA C 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**

**80112**

**USA**

**80112**

**USA**



**945393**

DO NOT WRITE IN THIS SPACE

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 reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SMITH PROPERTY HOLDINGS ONE LP 2345 CRYSTAL DRIVE, 10TH FL ARLINGTON VA 22202</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>9200 E. Panorama Circle, Suite 400 Englewood, CO 80112</b>	<input checked="" 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E083 (9/01)

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*

**David M. Flory**

**(303) 708-5959**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEM

VE

Date

Residing Phone #