

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-25-2002 90001 013 ****50.00

0044700

DOCUMENT # M99000002007

1. Entity Name

SMITH PROPERTY HOLDINGS AVENTURA A 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

Suite, Apt. #, etc.

Suite 400

City & State

Englewood, CO

Zip

80112

Country

USA

3. Mailing Address

9200 E. Panorama Circle

Suite, Apt. #, etc.

Suite 400

City & State

Englewood, CO

Zip

80112

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

54-1713223

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

TITLE **MGRM** ☐ Delete
NAME **SMITH PROPERTY HOLDINGS TWO (D.C.) LP**
STREET ADDRESS **2345 CRYSTAL DRIVE TENTH FLOOR**
CITY-ST-ZIP **ARLINGTON VA 22202**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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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
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CITY-ST-ZIP

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:

David M. Flory
SIGNATURE REQUIRED

David M. Flory

(303) 708-5959

4/25/02
Date

Daytime Phone #