

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # M99000002060

1. Entity Name
ASPEN ATRIUM OF JACKSONVILLE, LLC

00 APR 18 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

2. Principal Place of Business 252 Clayton Street, 4th Floor 3. Mailing Address 252 Clayton Street, 4th Floor

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Denver, Colorado Denver, Colorado

Zip Country Zip Country
80206 USA 80206 USA

DO NOT WRITE IN THIS SPACE

MM

4. FEI Number 84-1524689 Applied For Not Applicable

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

Corporation Service Company
1201 Hayes Street
Tallahassee, FL 32301

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
Manager
STREET ADDRESS Timothy J. Dahltorp
CITY-ST-ZIP 252 Clayton Street Fourth Floor
Denver, Colorado 80206

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 4000003229954
CITY-ST-ZIP -04/28/00-01123-008
*****50.00 ☐ Change ☐ Addition

TITLE NAME ☐ Delete
Robert J. Jacobs
STREET ADDRESS 252 Clayton Street, 4th Floor
CITY-ST-ZIP Denver, Colorado 80206

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

TITLE NAME ☐ Delete
Manager
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
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/11/00 303/393-0033
Date Daytime Phone #

CR2E083 (1/99)