FILE NOW: Fee after May 1, will be \$588.75



	D LIABILITY C ANNUAL REPO 1997		Secretary of State				97 FEB -3 AM 8: 57				
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE								SECRETARY OF STATE TALLAHASSEE, FLORIDA			
HORSESHOE PLANTATION, L.C. 1560 BROADWAY, SUITE 2200 DENVER CO 80202								Talla Principal Place of Business Address RT. 1, BOX 67 TALLAHASSEE FL 32312			
	malling address is income al Place of Business		t Information and enter correction in Block 2a. ling Address				3. Date Organize	ed or Qualified	3a. Stat	e of Formation	
							07/24/199	31	FL		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					4. FEI Number		1 =	Applied For
City & State			City & State					59-3084669 Not Applicable			
Zip Country							5. Date of Last F		6. Certifi	cate of Status Desired	
Zip	Cou	intry	Zip		Countr	у		02/12/199	96	\$8.75 And	htional Lee Required
	7. Name and	Address of Current (Registered A	gent				8. Name and Add		egistered A	lgent
P. Pursui	red office or registere red agent, and accep JRE	IEHL RD. 32308 of Sections 608.416 a d agent, or both, in the pt the obligations.	State of Florid	la. Such c	change was a	Suite, City ove-nar	Apt. #, etc	d liability company s ative vote of a majori	-02/06 -02/06 ****2 	/37 0 /37 0 /37 0 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /	1122018 ****203.75 he purpose of changing accept the appointment
10. Title			NOTE Registered Agent signature required when reinstating) Business Street Address				City, State and Zip Code				
мем		FREDERIC JANE M.	C. 1		BROADW BROADW	AY,	#220	0 1	ENVER	со	20 Code
				•						Wm 2/3/	Tithethat the information

Indicated on this annual report is true of 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 receive or trust re empoyed to execute his report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURÉ:

INHSE10 R(12-96)

Member SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER 303-863-3012 Daytime Phone #