2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # Z00419

1. Entity Name

HORSESHOE PLANTATION, L.C.



FILED Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90200 014 ****50.00

				OWE !				
Principal Place of Business Mailing Address			•					
3060 HORSESHOE PLANTATION ROAD TALLAHASSEE FL 32312		1560 BROADWAY. SUITE 2200 DENVER CO 80202				20001887		
2. Principal I	Place of Business	3. Mailing Address						
Suite, Apt	:. #, etc.	Suite, Apt. #, etc.			_	☐ CHECK HERE IF MAKING CHANGES		
City & Sta	te .	City & State		4. FEI Num	ber 59-3084669	' - -	applied For Not Applicable	
Zip	Country	Zip	Country		5. Certifica	te of Status Desired	\$5.00 Ac	dditional
5 6. Name and Address of Current Registered Agent			'		↓ 7. Name ar	nd Address of New Re	<u> </u>	
				Name			giotorea rigorit	
AUSLEY, DUBOSE								
• 227 S. CALHOUN STREET TALLAHASSEE FL 32301				Street Address (P.O. Box Number is Not Acceptable)				
				City		-	Zip Coo	ne
				-				
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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE	Signature, typed or printed name of registered agen	t and title it angligable. (NOT	F. B:			······		
	organization, typed or primited marrie or registered agent	trano tite il applicable. (1901)	e: Hegistereo	Agent signature requi	ired when reinstating)		DATE	
ş		T C C C C C C C C C C C C C C C C C C C		EE IS \$50.00	_			
Make Check Payable to Florida Department of State Due By May 1, 2003								
9.	MANAGING MEMB	ERS/MANAGERS	10.		l	ADDITIONS/C	HANGES	
TITLE	MEM	☐ Delete	TITLE				☐ Change	[] Addition
NAME	HAMILTON, FREDERIC C.		NAME				•	
STREET ADDRESS	1560 BROADWAY, #2200		STREET	ADDRESS				
CITY-ST-ZIP	DENVER CO		CITY-S	ST-ZIP				
TITLE	MEM	☐ Delete	TITLE				☐ Change	Addition
NAME	HAMILTON, JANE M.		NAME					
STREET ADDRESS	1560 BROADWAY, #2200			ADDRESS				
CITY-\$T-ZIP	DENVER OU			IT-ZIP		, .,		
TITLE'		Delete	TITLE				Change	Addition
NAME STREET ADDRESS			NAME	ADDRESS		•		
CITY-ST-ZIP			CITY-S					
TITLE		☐ Delete					П он	
NAME		∟ Detete	TITLE				☐ Change	☐ Addition
STREET ADDRESS				ADDRESS				
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TITLE	-	☐ Delete	TITLE				☐ Change	Addition
NAME	·		NAME				onungo	
Asset Control			STREET	ADDRESS				
			CITY-S	T-ZIP		mgs.	*_ *	·
ITLE Delete.			TITLE		.,	1	Change	☐ Addition
NAME ***	to the second se	and the second of the second o	NAME		•			
STREET ADDRESS				ADDRESS			•	
CITY-ST-ZIP				T-ZIP				
I hereby c	ertify that the information supplied with	n this filing does not qualify for	the exemi	otion stated in S	Section 119 07(3)	(i) Florida Statutes I fu	irther certify that the ir	oformation

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 empoyated to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE