

**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000004446

**FILED**  
**Jan 23, 2013**  
**Secretary of State**  
**CC8048992423**

**Entity Name:** LUDLAM POINT MIAMI, LLC

**Current Principal Place of Business:**

4582 SOUTH ULSTER STREET PARKWAY  
SUITE 1200  
DENVER, CO 80237

**Current Mailing Address:**

4582 SOUTH ULSTER STREET PARKWAY  
SUITE 1200  
DENVER, CO 80237

**FEI Number:** 32-0377481

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SIMPSON, DONALD A  
Address 4582 SOUTH ULSTER STREET  
PARKWAY STE 1200  
City-State-Zip: DENVER CO 80237

Title MGR  
Name SIMPSON, LUKE C  
Address 4582 SOUTH ULSTER STREET  
PARKWAY STE 1200  
City-State-Zip: DENVER CO 80237

Title MGR  
Name SIMPSON, NICK A  
Address 4582 SOUTH ULSTER STREET  
PARKWAY STE 1200  
City-State-Zip: DENVER CO 80237

Title MANAGER  
Name SIMPSON, ROBERT W  
Address 4582 SOUTH ULSTER STREET  
PARKWAY  
SUITE 1200  
City-State-Zip: DENVER CO 80237

Title MANAGER  
Name LUDLAM PEAK, INC.  
Address 4582 SOUTH ULSTER STREET  
PARKWAY  
SUITE 1200  
City-State-Zip: DENVER CO 80237

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LUKE SIMPSON

**MANAGER**

**01/23/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date