

☐ FEE \$ 25.00  
 ON OR BEFORE 12/31/1997  
 DATE DUE  
 REPORT YEAR 1997

STATE OF COLORADO  
 BIENNIAL REPORT OF  
 A CORPORATION OR LIMITED LIABILITY COMPANY

READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING  
 SUBMIT SIGNED FORM WITH FILING FEE

THIS FORM MUST BE TYPED

MAILING DATE 10/01/1997

INFORMATION BELOW IS ON FILE IN THIS OFFICE - DO NOT CHANGE PRE-PRINTED INFORMATION

CORPORATE NAME REGISTERED AGENT, REGISTERED OFFICE, CITY, STATE & ZIP <b>19931115316 DLLC STATE/COUNTRY OF INC CO</b> <b>BOCK JONATHAN LEE</b> <b>STRATFORD APARTMENTS LLC.</b> <b>7555 E PEAKVIEW AVE</b> <b>ENGLEWOOD CO 80111</b>		<b>FOR OFFICE USE ONLY</b> <b>19971182106 M</b> <b>\$ 25.00</b> <b>SECRETARY OF STATE</b> <b>11-13-97 15:11:30</b>	
Return completed reports to: Department of State Corporate Report Section 1560 Broadway, Suite 200 Denver, CO 80202		<b>FIRST REPORT OR CORRECTIONS IN THIS COLUMN</b> TYPE NEW AGENT NAME SIGNATURE OF NEW REGISTERED AGENT MUST HAVE A STREET ADDRESS CITY STATE ZIP CO	
OFFICERS NAME AND ADDRESS		TITLE	

DIRECTORS OR LIMITED LIABILITY COMPANY MANAGERS		(If you have less than 3 shareholders, you may list less than 3 directors)	
<b>GANNON WILLIAM F</b> <b>400 S COLORADO BLVD</b> <b>STE 890</b> <b>DENVER CO 80222</b>		<b>William F. Gannon</b> <b>7555 East Peakview Ave</b> <b>Englewood, CO 80111</b>	
<b>BOCK JONATHAN L</b> <b>400 S COLORADO BLVD</b> <b>STE 890</b> <b>DENVER CO 80222</b>		<b>Jonathan L. Bock</b> <b>7555 East Peakview Ave</b> <b>Englewood, CO 80111</b>	

Address of Principal Place of Business

Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SIGNATURE**

Under penalties of perjury and as an authorized officer, I declare that this biennial report and, if applicable, the statement of change of registered office and/or agent, has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete.

BY J. Bock Authorized Agent  
 TITLE Member DATE 10/16 1997

☒ NOTE: DO NOT USE THIS BOX IF THIS IS YOUR FIRST REPORT!!! SEE INSTRUCTIONS ON REVERSE. IF THERE ARE NO CHANGES SINCE YOUR LAST REPORT, MARK THIS BOX, SIGN ABOVE AND RETURN WITH THE FEE AND BY THE DATE DUE INDICATED ABOVE (UPPER LEFT HAND CORNER). IF YOU ARE FILING AFTER THE DATE DUE ABOVE, CONTACT THIS OFFICE FOR THE PROPER FEE. (303) 894-2251

SEE INSTRUCTIONS ON BACK