2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005520

Entity Name: FASCORE, LLC

Address:

City-St-Zip:

FILED Mar 09, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111 **Current Mailing Address: New Mailing Address:** 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111 FEI Number: 84-1233483 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete GRAYE GENFELL, MITCHELL T Name: Name: 8515 EAST ORCHARD ROAD Address: Address: City-St-Zip: GREENWOOD VILLAGE, CO 80111 City-St-Zip: Title: MGR () Delete Title: () Change () Addition SHAW, ROBERT K Name: Name: Address: 8515 EAST ORCHARD ROAD Address: City-St-Zip: GREENWOOD VILLAGE, CO 80111 City-St-Zip: Title: MGR () Delete Title: () Change () Addition NELSON, CHARLES P Name: Name: Address: 8515 EAST ORCHARD ROAD Address: City-St-Zip: GREENWOOD VILLAGE, CO 80111 City-St-Zip: () Change (X) Addition Title: () Delete Title: MGR Name: Name: WOODEN, DOUG L 8515 E. ORCHARD ROAD Address: Address: City-St-Zip: City-St-Zip: GREENWOOD VILLAGE, CO 80111 Title: () Delete Title: () Change (X) Addition SELLER, GREGORY E Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

Address:

City-St-Zip:

18101 VON KARMAN AVENUE, #560

IRVINE, CA 92612

SIGNATURE: CHARLES P. NELSON MGR 03/09/2006