# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 21, 2008**
**Secretary of State**

DOCUMENT# M05000005520

**Entity Name:** FASCORE, LLC

**Current Principal Place of Business:**

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

**New Principal Place of Business:**

**Current Mailing Address:**

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

**New Mailing Address:**

**FEI Number: 84-1233483** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

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:**

| | | |
|---|---|---|
| Title: | MGR | ( ) Delete |
| Name: | GRAYE GENFELL, MITCHELL T | |
| Address: | 8515 EAST ORCHARD ROAD | |
| City-St-Zip: | GREENWOOD VILLAGE, CO 80111 | |
| Title: | MGR | ( ) Delete |
| Name: | SHAW, ROBERT K | |
| Address: | 8515 EAST ORCHARD ROAD | |
| City-St-Zip: | GREENWOOD VILLAGE, CO 80111 | |
| Title: | MGR | ( ) Delete |
| Name: | NELSON, CHARLES P | |
| Address: | 8515 EAST ORCHARD ROAD | |
| City-St-Zip: | GREENWOOD VILLAGE, CO 80111 | |
| Title: | MGR | ( ) Delete |
| Name: | WOODEN, DOUG L | |
| Address: | 8515 E. ORCHARD ROAD | |
| City-St-Zip: | GREENWOOD VILLAGE, CO 80111 | |
| Title: | MGR | ( ) Delete |
| Name: | SELLER, GREGORY E | |
| Address: | 18101 VON KARMAN AVENUE, #560 | |
| City-St-Zip: | IRVINE, CA 92612 | |
| Title: | SEC | ( ) Delete |
| Name: | BYRNE, BEVERLY | |
| Address: | 8525 E. ORCHARD ROAD | |
| City-St-Zip: | GREENWOOD VILLAGE, CO 80111 | |

**ADDITIONS/CHANGES:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: CHARLES P. NELSON MGR 01/21/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date