

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001984

FILED
Jan 08, 2004
Secretary of State

Entity Name: FOA 5301-5570 WEST IDLEWILD AVENUE LLC

Current Principal Place of Business:

165 SOUTH UNION BLVD., STE. 510
LAKEWOOD, CO 80228

New Principal Place of Business:

Current Mailing Address:

165 SOUTH UNION BLVD., STE. 510
LAKEWOOD, CO 80228

New Mailing Address:

FEI Number: 52-2204959

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/MEMBERS:

Title: MGR () Delete
Name: ALLIANCE COMMERCIAL, PARTNERS, LLC
Address: 165 SOUTH UNION BLVD., STE. 510
City-St-Zip: LAKEWOOD, CO 80228

Title: MGRM () Delete
Name: MCCORMICK, DOUGLAS
Address: 165 SOUTH UNION BLVD., STE. 510
City-St-Zip: LAKEWOOD, CO 80228

ADDITIONS/CHANGES:

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 for the exemption stated in Section 119.07(3)(i), 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: DOUGLAS MCCORMICK

MGRM

01/08/2004

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