

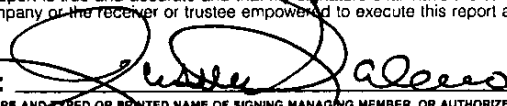


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2007 08:00 AM
Secretary of State

| | | | |
|--|-----------------------------|---|--|
| DOCUMENT # L02000002397 | |  | |
| 1. Entity Name DENVER PROPERTIES, LLC | | | |
| Principal Place of Business 17417 MAGNOLIA ISLAND BLVD. CLERMONT, FL 34711 US | | Mailing Address 17417 MAGNOLIA ISLAND BLVD. CLERMONT, FL 34711 US | |
| DO NOT WRITE IN THIS SPACE | | |  |
| | | | 01062007No Chg-LLC CR2E083 (11/05) |
| | | 4. FEI Number 75-2988667 | Applied For Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | DO NOT WRITE IN THIS SPACE | |
| SALERNO, RUSSELL 17417 MAGNOLIA ISLAND BLVD. CLERMONT, FL 34711 | | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | | |
| 9. MANAGING MEMBERS/MANAGERS | | DO NOT WRITE IN THIS SPACE U00000581227 01/10/07-80080-001 50.00 | |
| TITLE | MGR | | |
| NAME | SALERNO, RUSSELL | | |
| STREET ADDRESS | 17417 MAGNOLIA ISLAND BLVD. | | |
| CITY-ST-ZIP | CLERMONT, FL 34711 | | |
| TITLE | | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  | | Date 1/6/07 | Daytime Phone # 407-6200462 |