2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 20, 2005 08:00 AM Secretary of State

4-18-05 313-269-0899

DOCUMENT # L03000010528 1. Engly Name AGR COLORADO 25 LLC			Secretary of State
Principal Place of Business			
DO NOT WRITE IN THIS SPACE			04182005 No Chg-LLC CR2E083 (10/03)
			4. FEI Number Applied For 57-1177310 Not Applicable
			5. Certificate of Status Desired \$5.00 Additional Fee Required
	6. Name and Address of Current Registered Agent		
13014 N. I	KS, GARY A DALE MABRY HWY		DO NOT WRITE
SUITE 356 TAMPA, FL 33618			IN THIS SPACE
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 Signature, ryoed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE			
Filing Fee is \$50.00 Due by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS		Mar.
NAME STREET ADDRESS CITY ST ZIP	MGR RAPPAPORT, ALEXANDER G 13907 CARROLLWOOD VILLAGE RÜN TAMPA, FL 33618		
THEE NAME STREET ADDRESS			U00000318388 04/20/05-80057-005 50.00
CITY ST ZIP		====	
NAME STREET ADDRESS CITY+ST-ZIP			DO NOT WRITE
TITLE			IN THIS SPACE
NAME STREET ADDRESS CITY+ST-ZIP			
TITLE NAME STREET ADDRESS	·		
CITY ST ZIP		<u> </u>	
TITLE NAME STREET ADDRESS			
CITY ST ZIP			
11. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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 iimited liability company or the receiver or trustee employered to execute this report as required by Chapter 608. Florida Statutes			

TYPED OF PENTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: