


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90038 005 ****50.00

DOCUMENT # L03000013298	
1. Entity Name COLORADO PROPERTY, LLC	

Principal Place of Business 7700 N. KENDALL DR. #405 MIAMI, FL 33156	Mailing Address 7700 N. KENDALL DR. #405 MIAMI, FL 33156
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2. Principal Place of Business 8600 W. FLAGLER ST	3. Mailing Address 8600 W. FLAGLER ST
Suite, Apt. #, etc. #200	Suite, Apt. #, etc. #200

City & State MIAMI FL	City & State MIAMI FL
Zip 33144 Country USA	Zip 33144 Country USA

01092006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1029077	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

LEITMAN, LORN
7700 N. KENDALL DR. #405
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name LORN LEITMAN
Street Address (P.O. Box Number is Not Acceptable) 8600 W. FLAGLER ST, #200
City MIAMI FL Zip Code 33144

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR	<input type="checkbox"/> Delete
NAME LEITMAN, LORN	
STREET ADDRESS 791 CRANDON BLVD #907	
CITY-ST-ZIP KEY BISCAYNE, FL 33149	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 791 CRANDON BLVD, #1508	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Lorn Leitman

4/18/06

305-222-5176