

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000029528

**FILED**  
**Jan 05, 2006**  
**Secretary of State**

**Entity Name:** WESTERN COLORADO IMAGING, LLC

**Current Principal Place of Business:**

802 SOUTH ORLEANS  
TAMPA, FL 33606

**New Principal Place of Business:**

710 WEST BAY STREET  
SUITE B  
TAMPA, FL 33606

**Current Mailing Address:**

P.O. BOX 1351  
TAMPA, FL 33601

**New Mailing Address:**

**FEI Number:** 20-0145102

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHRISTENBERRY, THOMAS  
802 SOUTH ORLEANS  
TAMPA, FL 33606 US

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

CHRISTENBERRY, THOMAS  
710 WEST BAY STREET  
SUITE B  
TAMPA, FL 33606 US

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: THOMAS CHRISTENBERRY

01/05/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WENTWAYS DEVELOPMENT, , LLC  
Address: PO BOX 1351  
City-St-Zip: TAMPA, FL 33601

**ADDITIONS/CHANGES:**

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 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: MELISSA TROXEL

ADMN

01/05/2006

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