

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000035199

1. Entity Name
NJR COLORADO PROPERTIES, LLC



Principal Place of Business
1717 2ND STREET, SUITE A
SARASOTA, FL 34236

Mailing Address
1717 2ND STREET, SUITE A
SARASOTA, FL 34236



03052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1156687

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHENKIN, RONALD R
1717 2N STREET, SUITE D
SARASOTA, FL 34236

**DO NOT WRITE
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, typed 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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MALAMUD, NEIL N
STREET ADDRESS	1301 VISTA DRIVE
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	MGR
NAME	NUCKLES, JEFFREY
STREET ADDRESS	996-A LAGUNA DRIVE
CITY-ST-ZIP	VENICE, FL 34285
TITLE	MGR
NAME	SHENKIN, RONALD R.
STREET ADDRESS	2901 CALUSA LAKES BLVD.
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000685679
04/09/07-80015-012 50.00

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #