

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000044554

**FILED**  
**Jan 10, 2005**  
**Secretary of State**

**Entity Name:** JENKINS GBSC MANAGER, LLC

**Current Principal Place of Business:**

200 DOC HENRY ROAD  
WOODY CREEK, CO 81656

**New Principal Place of Business:**

200 DOC HENRY ROAD  
PO BOX 14  
WOODY CREEK, CO 81656

**Current Mailing Address:**

200 DOC HENRY ROAD  
WOODY CREEK, CO 81656

**New Mailing Address:**

200 DOC HENRY ROAD  
PO BOX 14  
WOODY CREEK, CO 81656

**FEI Number:** 20-1232221

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LINNE, WILLIAM V  
127 PALAFOX PLACE, SUITE 100  
PENSACOLA, FL 325025629 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: JENKINS, ROBERT B  
Address: 200 DOC HENRY ROAD  
City-St-Zip: WOODY CREEK, CO 81656

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: JENKINS, ROBERT B  
Address: 200 DOC HENRY ROAD, PO BOX 14  
City-St-Zip: WOODY CREEK, CO 81656

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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:** ROBERT B. JENKINS

MGR

01/10/2005

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