

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000051945**

1. Entity Name  
**AGR COLORADO 54 LLC**



Principal Place of Business  
**13907 CARROLLWOOD VILLAGE RUN  
TAMPA, FL 33618**

Mailing Address  
**13014 N DALE MABRY HWY  
SUITE 356  
TAMPA, FL 33618**



03142006 No Chg-LLC

CR2E0B3 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**88-0481129**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**FAIRBANKS, GARY A  
13907 CARROLLWOOD VILLAGE RUN  
TAMPA, FL 33618**

**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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
**MGR**  
NAME  
**RAPPAPORT, ALEXANDER G**  
STREET ADDRESS  
**13907 CARROLLWOOD VILLAGE RUN**  
CITY-ST-ZIP  
**TAMPA, FL 33618**

U00000475655  
04/05/06-80023-023 50.00

TITLE  
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**DO NOT WRITE  
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:

*A.G. RAPPAPORT*  
**A.G. RAPPAPORT**

**3-17-06**

**813-269-0899**

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

Date

Daytime Phone #