

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059585

Entity Name: ABB COLORADO, LLC

FILED
Mar 07, 2006
Secretary of State

Current Principal Place of Business:

C/O ANGELO, BARRY & BANTA
515 EAST LAS OLAS BOULEVARD, SUITE 850
FORT LAUDERDALE, FL 33301

Current Mailing Address:

C/O ANGELO, BARRY & BANTA
515 EAST LAS OLAS BOULEVARD, SUITE 850
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

C/O ANGELO & BANTA, P.A.
515 EAST LAS OLAS BOULEVARD, SUITE 850
FORT LAUDERDALE, FL 33301

New Mailing Address:

C/O ANGELO & BANTA, P.A.
515 EAST LAS OLAS BOULEVARD, SUITE 850
FORT LAUDERDALE, FL 33301

FEI Number: 20-1483833

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANGELO, BARRY & BANTA, P.A.
515 EAST LAS OLAS BOULEVARD
SUITE 850
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

ANGELO & BANTA, P.A.
515 EAST LAS OLAS BOULEVARD
SUITE 850
FORT LAUDERDALE, FL 33301 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 P. ANGELO, CEO

03/07/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ANGELO, THOMAS P
Address: 515 EAST LAS OLAS BLVD., SUITE 850
City-St-Zip: FORT LAUDERDALE, FL 33301

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: THOMAS P. ANGELO

MGR

03/07/2006

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