2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

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Entity Name: ABB COLORADO, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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 E. 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 & BANTA, P.A.
515 EAST LAS OLAS BOULEVARD
SUITE 850
FORT LAUDERDALE, FL 33301 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/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: MGR (X) Change ( ) Addition
Name: ANGELO, THOMAS P
Address: 515 E. LAS OLAS BOULEVARD, SUITE 850
City-St-Zip: FORT LAUDERDALE, FL 33301

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 04/23/2007

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