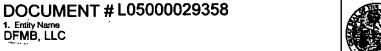
## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT





## **FILED** Mar 22, 2007 8:00 am Secretary of State

03-22-2007 90175 013 \*\*\*\*50.00

					CO PETE					
Principal Place			Mailing Address							
12472 TURQUOISE TERRACE PLACE CASTLE ROCK, CO 80108			12472 TURQUOISE TERRACE PLACE CASTLE ROCK, CO 80108			υυ	061010	•		
2 Principal P	lace of Busine	ess - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03092007	Chg-LLC	CR2E	083 (12/06)	
City & State			City & State	÷	1.	4. FEI Numbe 20-257			·	oplied For ot Applicable
Zip		Country	Zip	Coun	ıtry	5. Certificate	of Status Desired		\$5.00 Add Fee Require	
	6. Name a	and Address of Current	Registered Agent		i	7. Name and	Address of New R	egistered	Agent	
	300141030		Name							
MANGINE, WILLIAM J III,EA 320 OSCEOLA AVE.			·		Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
JACKSONVILLE, FL 32250						<del></del>				
: :	÷				City	-			Zip Cod	e
9. The shows	nomed entity		r the purpose of changing its	cocietos		nistered paget as had	the in the State of De	FL	-   '	]
	ions of registe		r the purpose of changing its	register	en cuirce ou rei	gistered agenit, or bot	n, in the State of Mo	nda. Tam	tattellar with,	and accept
SIGNATURE	, Carr									
	Signature, typed o	printed name of registered agent	and title if applicable. (NOT	E: Registere	id Agent eigneture n	equired when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007					,				ayable to	_
; 01	ue by may	1, 2007				ļ	riona	Departir	ent of State	•
9.		MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES	3	
TITLE NAME	MGRM FILLION, D	AMICE	☐ Delete	TITL!					☐ Change	Addition
STREET ADDRESS	r -	ROYALE ROAD			EET ADDRESS			1		
CITY-ST-TEP	CORONAL	O, CA 92118		CITY	-ST-ZIP		•		v	
TITLE	MGRM		☐ Delete	TITL					Change	☐ Addition
NAME :	BAKER, M		DI ACE	NAM						, [
CITY-ST-ZIP		RQUOISE TERRACE I OCK, CO 80108	-DACE		ET ADORESS -st-zip		·	•		
TITLE			☐ Delete	TITU					☐ Change	Addition
NAME STREET ADDRESS				NAM	ET ADDRESS					
CITY-ST-ZIP	: :				-ST-ZIP					]
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NAME		•		NAM		•			•	
STREET ADDRESS City-St-Zip					ET ADDRESS -ST-ZIP					
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NAME			☐ Deleta	TITLI					Change,	
STREET ADDRESS				STRE	ET ADDRESS					
CITY-ST-ZIP				CITY	-ST-ZIP					
44 (A) bacabaca	and shae sha	information according with	this filing doos not availfule.			inna in Obsesses 440	C			1

Title increby 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.

MARK BAKKE, MANAGEN & WEMPER ING MANAGEN & WEMPER MANAGER, OR AUTHORIZED REPRESENTATIVE

303-660-9031