

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092011

Entity Name: ADAGIO G204, LLC

FILED
Apr 26, 2006
Secretary of State

Current Principal Place of Business:

146 BARTON'S WAY
GRAYTON BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

3666 S. NARCISSUS WAY
DENVER, CO 80237

New Mailing Address:

FEI Number: 20-3483896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANDERSON, JOHN MATTHEW
146 BARTON'S WAY
GRAYTON BEACH, FL 32459 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: MGRM () Delete
Name: ANDERSON, JOHN MATTHEW
Address: 146 BARTON'S WAY
City-St-Zip: GRAYTON BEACH, FL 32459

Title: MGRM () Delete
Name: LIVINGSTON, CHRISTOPHER J
Address: 22105 LAKE ROAD
City-St-Zip: ROCKY RIVER, OH 44116

Title: MGRM () Delete
Name: GOODEN, KENNETH D
Address: 477 S. DOWNING STREET
City-St-Zip: DENVER, CO 80209

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN MATTHEW ANDERSON

MGRM

04/26/2006

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