

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103790

**FILED**  
**Jan 12, 2006**  
**Secretary of State**

**Entity Name:** FULFILLMENT SOLUTIONS OF COLORADO, LLC

**Current Principal Place of Business:**

1217 CAPE CORAL PARKWAY EAST  
SUITE 345  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

1217 CAPE CORAL PARKWAY EAST  
SUITE 345  
CAPE CORAL, FL 33904

**New Mailing Address:**

**FEI Number:** 20-3663350

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GREEN, BRUCE D  
1520 ROYAL PALM BLVD. SUITE 320  
FT. MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

SHEPHERD, BARRY  
5214 SANDS BLVD  
CAPE CORAL, FL 33904 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:** BARRY SHEPHERD

01/12/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

**ADDITIONS/CHANGES:**

**Title:** PRES ( ) Change (X) Addition  
**Name:** SHEPHERD, BARRY  
**Address:** 1217 CAPE CORAL PKWY, STE 345  
**City-St-Zip:** CAPE CORAL, FL 33904

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:** BARRY SHEPHERD

PRES

01/12/2006

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