

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90035 035 \*\*\*\*50.00

<b>DOCUMENT # L06000092234</b>					
<b>1. Entity Name</b> GME COLORADO PROPERTY, LLC					
<b>Principal Place of Business</b> 1613 NORTH HARRISON PARKWAY, SUITE 200 SUNRISE, FL 33323			<b>Mailing Address</b> 1613 NORTH HARRISON PARKWAY, SUITE 200 SUNRISE, FL 33323		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>4. FEI Number</b> 20-8237458					
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b> WALDMAN FELUREN HILDEBRANDT & TRIGOBOFF, PA 2200 NORTH COMMERCE PARKWAY, SUITE 202 WESTON, FL 33326			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM EISENBERG, MITCHELL AND GAIL, TEN. BY ENT. 1613 NORTH HARRISON PARKWAY, SUITE 200 SUNRISE, FL 33323		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	3321 SW 58th St Fort Lauderdale FL 33312	
Delete <input type="checkbox"/>			Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		
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<b>11. I hereby 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.</b>					
<b>SIGNATURE:</b> <u>Mitchell Eisenberg Mitchell Eisenberg</u> / 1/27/07 (954) 838-2701					
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					