

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90097 004 ***138.75

DOCUMENT # L07000005082

1. Entity Name
BISHOP MILLS, LLC



Principal Place of Business
8101 E PRENTICE AVE
STE 400
GREENWOOD VILLAGE, CO 80111

Mailing Address
8101 E PRENTICE AVE
STE 400
GREENWOOD VILLAGE, CO 80111

00026747



2. Principal Place of Business - No P.O. Box #
1721 N Adams St
Suite, Apt. #, etc.
Arlington
City & State
Arlington, Virginia
Zip 22201 Country USA

3. Mailing Address
1721 N Adams St
Suite, Apt. #, etc.
Arlington, Virginia
City & State
Arlington, Virginia
Zip 22201 Country USA

04182008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
STE 101
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name AMERICAN REALTY of CAPTIVA
Street Address (P.O. Box Number is Not Acceptable)
11526 ANDY ROSSE LANE
BOX 1133
City CAPTIVA FL Zip Code 33924

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.

SIGNATURE Patricia Newman DATE 4/18/08
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME DUBLIN CASTLE INVESTMENTS, LLC ☒ Delete
STREET ADDRESS 8101 E PRENTICE AVE STE 400
CITY-ST-ZIP GREENWOOD VILLAGE, CO 80111

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE OWNER
NAME PATRICIA Newman ☒ Change ☐ Addition
STREET ADDRESS 1721 N Adams St
CITY-ST-ZIP Arlington, VA 22201

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: Patricia Newman DATE 4/18/08 703 244 6211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE