

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED

2008 SEP 17 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08212008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000030082					
1. Entity Name ARMITAGE ISLAND HOLDINGS, LLC					
Principal Place of Business 5445 DTC PARKWAY PENTHOUSE 4 GREENWOOD VILLAGE, CO 80111			Mailing Address 5445 DTC PARKWAY PENTHOUSE 4 GREENWOOD VILLAGE, CO 80111		
2. Principal Place of Business - No P.O. Box # 18780 Upper Meadow Dr. Suite, Apt. #, etc.		3. Mailing Address 18780 Upper Meadow Dr. Suite, Apt. #, etc.			
City & State Lansdowne, VA Zip 20176 Country USA		City & State Lansdowne, VA Zip 20176 Country USA		4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent COHEN, NACE I 287 BURNT PINE DRIVE NAPLES, FL 34119			7. Name and Address of New Registered Agent Name Rebecca J. Lowdermilk Street Address (P.O. Box Number is Not Acceptable) 5890 Via Lugano #101 City Naples FL Zip Code 34108		
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 <u>Rebecca J. Lowdermilk</u> DATE <u>9/8/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIDDEN COVE INVESTMENTS, LLC 5445 DTC PARKWAY, PENTHOUSE 4 GREENWOOD VILLAGE, CO 80111 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM The Rebecca J. Lowdermilk Revocable Trust 18780 Upper Meadow Dr. Lansdowne, VA 20176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200135973542 09/16/08-01032-018 **143.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 <u>Rebecca J. Lowdermilk</u> DATE <u>9/8/08</u> 703-731-4500 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					