2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

ANNUAL REPORT (AR)					FILED				
DOCUMENT # L9900004916  1. Entity Name					Feb 02, 2005 08:00 AM Secretary of State				
DENSON	1 CO., L.C /						- J		
Principal Pla	ce of Business	Mailing Address			_				
401 PAPAYA STREET GOODLAND FL 34140		P. O. BOX 157 GOODLAND FL 34140	)						
2. Principal Place of Business		3. Mailing Address	<del></del>	<del></del>	-				
Suite, Apt #, etc.		Suite, Apt. #, etc.		- "	st MOORE	CR2E0	983 (10/04)		
City & State		City & State			4. FEI Num	31-166021	3	<del></del>	oplied For
Zip	Country	Zip	Count	try	5. Certifica	te of Status Desired	<u> </u>	\$5.00 Add	
<del></del> _	6. Name and Address of Curre	ent Registered Agent			7. Ñame a	nd Address of New I	Registered	Fee Require	<del></del>
-				Name		7,100,000	giotoro	. rigani	****
401	LANTE, MICHELLE PAPAYA STREET		Street Address		P.O. Box Num	ber is Not Acceptabl	(e)		<del></del>
GO	ODLAND FL 34140						,,		•
				City			F	L Zip Cod	le
8. The above the obliga SIGNATURE	e named entity submits this statement ations of registered agent.	it for the purpose of changing its	registere	ed office or registe	red agent, or l	both, in the State of Fi	lorida 1 ar	n familiar with,	and acce
- JIGINATORE	Signature, typed or printed name of registered ac	•		l Agent signature required			" DATE		****
		Make Check Payabi	ie to Flo	EE (S \$50.00		02/02/05-81	11482 0118-0	117 50.00	)
9.	MÂNAĞING MEN	IBERS/MANAGERS	10.			ADDITIONS	/CHANGE	S	
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NAME	BALANTE, DENNIS C		NAME						
STREET ADDRESS CITY-ST-ZIP	10555 PROUTY RD. CONCORD OH 44077			ET ADDRESS ST-ZIP					
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NAME.	BALANTE, TRACY S	· Celem	NAME					□ cuande	<u> </u>
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CITY - ST - ZIP	CONCORD OH 44077	·	CITY	-SI-ZIP		·	<del></del>		
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STREET ADORESS				ET ADDRESS					•
CITY - ST - ZIP			CHY-	SI-ZiP					
11. I hereby indicated limited lia	certify that the information supplied of on this report is true and accurate a ability company or the receiver, or true	with this filing does not qualify for and that my signature shall have to stee empowered to execute this t	the exer the same report as	nption stated in Se legal effect as if r required by Chap	ection 119.07( nade under oa ter 608, Florid	3)(i), Florida Statutes ath; that I am a mana a Statutes	I further coging mem	ertify that the juber or manage	nformation er of the

COLONIA MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daylime Phone #