

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000396

Entity Name: FINDLATER FAMILY LLC

FILED
May 16, 2005
Secretary of State

Current Principal Place of Business:

332 ST. PAUL STREET
DENVER, CO 80206

New Principal Place of Business:

5555 HERON POINT DRIVE
SUITE 1002
NAPLES, FL 34108

Current Mailing Address:

1430 LARIMER STREET
SUITE 208
DENVER, CO 802021709

New Mailing Address:

5555 HERON POINT DRIVE
SUITE 1002
NAPLES, FL 34108

FEI Number: 84-1290286 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KELLEY, ALBERT L
926 TRUMAN AVE
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: FINDLATER, CHRIS
Address: 1430 LARIMAR ST. #208
City-St-Zip: DENVER, CO 802021709

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FINDLATER, CHRIS
Address: 5555 HERON POINT DRIVE #1002
City-St-Zip: NAPLES, FL 34108

Title: MGR () Change (X) Addition
Name: OSBORN, CLAUDIA L
Address: 5555 HERON POINT DRIVE #1002
City-St-Zip: NAPLES, FL 34108

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHRIS FINDLATER

MGR

05/16/2005

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