

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # M01000000921

1. Entity Name
ACC HOLDINGS II, LLC



Principal Place of Business
5619 DTC PARKWAY, SUITE 800
GREENWOOD VILLAGE, CO 80111

Mailing Address
5619 DTC PARKWAY, SUITE 800
GREENWOOD VILLAGE, CO 80111



01072005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ACC OPERATIONS, INC.
5619 DTC PARKWAY, SUITE 800
GREENWOOD VILLAGE, CO 80111

TITLE
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CITY - ST - ZIP

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1100000208821
02/02/05-80010-011 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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 605, Florida Statutes.
ACC Holdings II, LLC, by: ACC Operations, Inc., its sole Member

SIGNATURE: *Kathy L. Waterman*

Kathy L. Waterman, Assistant Secretary 1-10-2005

(303) 268-6300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #