

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90023 023 \*\*\*\*55.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                        |                                                           |                                                                                                                                                                         |                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--|
| <b>DOCUMENT # M01000001367</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                        |                                                           |                                                                                                                                                                         |                                        |  |
| <b>1. Entity Name</b><br>CAMERON-COLE, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                        |                                                           |                                                                                                                                                                         |                                        |  |
| <b>Principal Place of Business</b><br>5777 CENTRAL AVENUE, SUITE 100<br>BOULDER, CO 80301                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                        |                                                           | <b>Mailing Address</b><br>5777 CENTRAL AVENUE, SUITE 100<br>BOULDER, CO 80301                                                                                           |                                        |  |
| <b>2. Principal Place of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                        |                                                           | <b>3. Mailing Address</b>                                                                                                                                               |                                        |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                        |                                                           | Suite, Apt. #, etc.                                                                                                                                                     |                                        |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                        |                                                           | City & State                                                                                                                                                            |                                        |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                        | Country                                                   |                                                                                                                                                                         | Zip                                    |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                        | Country                                                   |                                                                                                                                                                         | 03102005    Chg-LLC    CR2E083 (10/03) |  |
| <b>4. FEI Number</b><br>84-1577838                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                        |                                                           |                                                                                                                                                                         | <b>Applied For</b><br>Not Applicable   |  |
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>XX</b> <b>\$5.00 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                        |                                                           |                                                                                                                                                                         |                                        |  |
| <b>6. Name and Address of Current Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                        |                                                           | <b>7. Name and Address of New Registered Agent</b>                                                                                                                      |                                        |  |
| BONDURANT, JOHN H<br>200 E. GOVERNMENT ST., STE. 100<br>PENSACOLA, FL 32501                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                        |                                                           | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code                                                                                   |                                        |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                 |                                                                                                                                        |                                                           |                                                                                                                                                                         |                                        |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                        |                                                           |                                                                                                                                                                         |                                        |  |
| <b>Filing Fee is \$50.00 Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                        |                                                           | <b>Make check payable to Florida Department of State</b>                                                                                                                |                                        |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                        |                                                           | <b>10. ADDITIONS/CHANGES</b>                                                                                                                                            |                                        |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MGRM<br>EDWARDS, JEROME C<br>5777 CENTRAL AVE SUITE 100<br>BOULDER, CO 80301 <input type="checkbox"/> Delete                           | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |                                        |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MGRM<br>HOBBS, TIMOTHY C<br>101 W ATLANTIC AVE BUILDING #90<br>ALAMEDA, CA 94501 <input type="checkbox"/> Delete                       | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |                                        |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MGR<br>BONDURANT, JOHN H<br>200 E. GOVERNMENT ST., STE 100<br>PENSACOLA, FL 32501 <input type="checkbox"/> Delete                      | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>Bohdurant, John H.    Title                                                        |                                        |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MGRM<br>SASALA, CONNIE S<br>5777 CENTRAL AVE., STE 100<br>BOULDER, CO 80301 <input type="checkbox"/> Delete                            | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>Sasala, Connie S.    (address)<br>3733 Cascade Oaks Trail<br>Richfield, Ohio 44286 |                                        |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MGR <input checked="" type="checkbox"/> Delete<br>ELLSWORTH, ROBERT L<br>C/O BYRON CHRISMAN 5777 CENTRAL AVE #110<br>BOULDER, CO 80301 | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>Byron Chrisman<br>5777 Central Ave., Ste. 110<br>Boulder, CO 80301                 |                                        |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                                                        | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |                                        |  |
| <b>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 608, Florida Statutes.</b> |                                                                                                                                        |                                                           |                                                                                                                                                                         |                                        |  |
| <b>SIGNATURE:</b> <i>Jerome C. Edwards</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                        | 03/24/2005                                                |                                                                                                                                                                         | (303) 938-5556                         |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                        |                                                           |                                                                                                                                                                         |                                        |  |
| Jerome C. Edwards                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                        |                                                           |                                                                                                                                                                         |                                        |  |

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