2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State
03-27-2006 90046 001 ****55.00

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1. Entity Name
CAMERON-COLE, LLC

20020800

Principal Place of Business	Mailing Address
5777 CENTRAL AVENUE, SUITE 100 BOULDER, CO 80301	5777 CENTRAL AVENUE, SUITE 100 BOULDER, CO 80301

02222006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 84-1577838 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BONDURANT, JOHN H 200 E. GOVERNMENT ST., STE. 100 PENSACOLA, FL 32501	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM EDWARDS, JEROME C 5777 CENTRAL AVE SUITE 100 BOULDER, CO 80301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM EDWARDS, JEROME C. (address) 2137-A Quail Run Drive, Suite A Baton Rouge, Louisiana 70808	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HOBBS, TIMOTHY C 101 W ATLANTIC AVE BUILDING #90 ALAMEDA, CA 94501	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BONDURANT, JOHN H 200 E. GOVERMENT ST., STE 100 PENSACOLA, FL 32501	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SASALA, CONNIE S 3733 CASCADE OAKS TRAIL RICHFIELD, OH 44286	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CHRISMAN, BYRON 5777 CENTRAL AVE., SUITE 110 BOULDER, CO 80301	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Jerome C. Edwards March 21, 2006 (225)761-4885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

JEROME C. EDWARDS