

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90043 004 ****50.00

DOCUMENT # M01000001367

1. Entity Name

CAMERON-COLE, LLC



Principal Place of Business

**5777 CENTRAL AVENUE, SUITE 100
BOULDER CO 80301**

Mailing Address

**5777 CENTRAL AVENUE, SUITE 100
BOULDER CO 80301**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **EDWARDS, JEROME C**
STREET ADDRESS **5777 CENTRAL AVE SUITE 100**
CITY-ST-ZIP **BOULDER CO 80301**

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE **MGR** ☐ Delete
NAME **HOBBS, TIMOTHY C**
STREET ADDRESS **101 W ATLANTIC AVE BUILDING #90**
CITY-ST-ZIP **ALAMEDA CA 94501**

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE **MGR** ☐ Delete
NAME **CHRISMAN, BYRON**
STREET ADDRESS **5777 CENTRAL AVE SUITE 110**
CITY-ST-ZIP **BOULDER CO 80301**

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE **MGR** ☐ Delete
NAME **BORGLUM, JAMES G**
STREET ADDRESS **C/O MARY DEPAULO PO BOX 5771**
CITY-ST-ZIP **DENVER CO 80217**

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE **MGR** ☐ Delete
NAME **ELLSWORTH, ROBERT L**
STREET ADDRESS **C/O BYRON CHRISMAN 5777 CENTRAL AVE #110**
CITY-ST-ZIP **BOULDER CO 80301**

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

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

Date

Daytime Phone #

01/14/03 (303) 938-5556

CR2E083 (10/02)