

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # M01000002645

1. Entity Name
AGRP OF KISSIMMEE, LLC



Principal Place of Business
64 INVERNESS DRIVE EAST
ENGLEWOOD, CO 80112

Mailing Address
64 INVERNESS DRIVE EAST
ENGLEWOOD, CO 80112



02022007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2350743

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	D
NAME	ADAMS, STEPHEN
STREET ADDRESS	2575 VISTA DEL MAR DRIVE
CITY-ST-ZIP	VENTURA, CA 93001
TITLE	CEO
NAME	SCHNEIDER, MICHAEL
STREET ADDRESS	2575 VISTA DEL MAR DRIVE
CITY-ST-ZIP	VENTURA, CA 93001
TITLE	CFO
NAME	WOLFE, TOM
STREET ADDRESS	2575 VISTA DEL MAR DR
CITY-ST-ZIP	VENTURA, CA 93001
TITLE	VP
NAME	SCHEDLER, PAUL E
STREET ADDRESS	2575 VISTA DEL MAR DRIVE
CITY-ST-ZIP	VENTURA, CA 93001
TITLE	S
NAME	JAMES, LAURA A
STREET ADDRESS	2575 VISTA DEL MAR DRIVE
CITY-ST-ZIP	VENTURA, CA 93001
TITLE	T
NAME	LUSK, TERRY C
STREET ADDRESS	64 INVERNESS DR EAST
CITY-ST-ZIP	ENGLEWOOD, CO 80112

U00000641162
02/28/07-80095-022 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

Terry Lusk 2/3/07 (303) 728-7423