

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002645

FILED
Apr 15, 2009
Secretary of State

Entity Name: AGRP OF KISSIMMEE, LLC

Current Principal Place of Business:

64 INVERNESS DRIVE EAST
ENGLEWOOD, CO 80112

New Principal Place of Business:

Current Mailing Address:

64 INVERNESS DRIVE EAST
ENGLEWOOD, CO 80112

New Mailing Address:

FEI Number: 52-2350743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: D () Delete
Name: ADAMS, STEPHEN
Address: 2575 VISTA DEL MAR DRIVE
City-St-Zip: VENTURA, CA 93001

Title: CEO () Delete
Name: SCHNEIDER, MICHAEL
Address: 2575 VISTA DEL MAR DRIVE
City-St-Zip: VENTURA, CA 93001

Title: CFO () Delete
Name: WOLFE, TOM
Address: 2575 VISTA DEL MAR DR
City-St-Zip: VENTURA, CA 93001

Title: VP (X) Delete
Name: SCHEDLER, PAUL E
Address: 2575 VISTA DEL MAR DRIVE
City-St-Zip: VENTURA, CA 93001

Title: S () Delete
Name: JAMES, LAURA A
Address: 2575 VISTA DEL MAR DRIVE
City-St-Zip: VENTURA, CA 93001

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TOM WOLFE

CFO

04/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date