2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 09, 2004 8:00 am Secretary of State

ANNUAL REPORT					Secretary of State			
DOCUMENT # M02000003318 1. Entity Name SOLUNET LLC					02-09-2004	_		
Principal Place	e of Business	Mailing Address			~ 400,	ur ug		
	WAY, SUITE 900	1675 BROADWAY, SUIT DENVER, CO 80202	E 900 .		ifa ilbii abie abiii Gbie			N#1
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01152004	Chg-LLC	CR2E08	33 (10/03)	
City & State		City & State		4. FEI Number 42-1558	4. FEI Number Applied For 42-1558123 Not Applicable			
Zip	Country	Zip	Country	5. Certificate of		F	\$5.00 Add ee Required	
	6. Name and Address of Current I	Registered Agent	Name	7. Name and A	ddress of New R	egistered A	gent	
NATIONAL REGISTERED AGENTS INC 526 EAST PARK AVENUE TALLAHASSEE, FL 32301				(P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code	9
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or regis	tered agent, or both,	in the State of Flo		amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	·						
	aignature, typed or printed frame or registered agent a	ind title it applicable. (NOTI	E: Registered Agent signature requ	ired when reinstating)		DATE		
Fi Di	iling Fee is \$50.00 ue by May 1, 2004	nd title it applicable. (NOTI	E: Registered Agent signature requ	red when reinstating)		e check pa	ayable to ent of State	•
Fi D	iling Fee is \$50.00 ue by May 1, 2004 MANAGING MEMBE		E: Registered Agent signature requi	red when reinstating)		e check pa i Departme		•
9. THILE NAME STREET ADDRESS	iling Fee is \$50.00 ue by May 1, 2004 MANAGING MEMBE MGR MARABITO, ALLEN J 1675 BROADWAY, SUITE 900		10. TITLE NAME STREET ADDRESS	red when reinstating)	Florida	e check pa i Departme		Addition
9. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGR MARABITO, ALLEN J 1675 BROADWAY, SUITE 900 DENVER, CO 80202 MGR	RS/MANAGERS	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	red when reinstating)	Florida	e check pa i Departme	ent of State	
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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

2/4/04

(303) 672-8631

Daytime Phone #