2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State
03-03-2004 90151 031 ****50.00

DOCUMENT # M03000001006

1. Entity Name

MICROSTAR KEG MANAGMENT, L.L.C.

Principal Place of Business	Mailing Address
6400 S FIDDLERS GREEN CIRCLE STE. 500 ENGLEWOOD CO 80111	6400 S FIDDLERS GREEN CIRCLE STE. 500 ENGLEWOOD CO 80111

MOORE CR2E083 (11/03)

2. Principal Place of Business		3. Mailing Address	
5613 DTC Parkway		5613 DTC Parkway	
Suite, Apt. #, etc. Suite #1100		Suite, Apt. #, etc. Suite # 1100	
City & State Greenwood Village, Co		City & State Greenwood Village, Co	
Zip 80111	Country USA	Zip 80111	Country USA

4. FEI Number 91-1738786 ☐ 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
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CRONIN, GREG		NAME		
STREET ADDRESS	6400 S FIDDLERS GREEN CIRCLE STE. 500		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CO 80111		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	STOUDERMIRE, STAN		NAME		
STREET ADDRESS	6400 S FIDDLERS GREEN CIRCLE STE. 500		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CO 80111		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Gregory Cronin 2/26/04 303-220-5166 x103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #