

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000000668

1. Entity Name
LENDERS WORKSHOP, LLC



Principal Place of Business
200 UNION BLVD., STE. 550
LAKEWOOD, CO 80220

Mailing Address
200 UNION BLVD., STE. 550
LAKEWOOD, CO 80220



01042005No Chg-LLC.

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1521728

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLORIDA COMPLIANCE SPECIALISTS INC.
2331 HANSEN PLACE
TALLAHASSEE, FL 32301

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
WILEY, STEPHEN D
STREET ADDRESS
200 UNION BLVD., STE. 550
CITY- ST- ZIP
LAKEWOOD, CO 80220

TITLE
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CITY- ST- ZIP

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01/10/05-80056-012 50.00

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IN THIS SPACE**

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: STEPHEN D. WILEY

1-6-05

303 215-0800

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

Date

Daytime Phone