


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000000809 1. Entity Name AIMBRIDGE DISPOSITION SERVICES LLC	
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Principal Place of Business 4610 S. ULSTER STREET, STE. 300 DENVER, CO 80237	Mailing Address 4610 S. ULSTER STREET, STE. 300 DENVER, CO 80237
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01072005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number 43-2037165	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	DO NOT WRITE IN THIS SPACE
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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 type for 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 STREET ADDRESS CITY- ST- ZIP	MGRM CARROLL, GLENN P 4610 S. ULSTER STREET, STE. 300 DENVER, CO 80237
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM BENTLEY, LESLIE V 4610 S. ULSTER STREET, STE. 300 DENVER, CO 80237
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM BENTLEY, STEPHEN D 4610 S. ULSTER STREET, STE. 300 DENVER, CO 80237
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04/25/05-80114-018 50.00

**DO NOT WRITE
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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)(f), 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: Jason A. Sheffer, VP/Controller 4/13/05 3036951005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Color Daytime Phone #