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May 19, 2005 8:00 am
Secretary of State

04-14-2005 90030 006 ****36.42
05-19-2005 90208 003 ****13.68

14017077

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000000846

1. Entity Name
SUNSCAPE PARTNERS, LLC

Principal Place of Business	Mailing Address
165 S. UNION BLVD., SUITE 780 LAKEWOOD, CO 80228	165 S. UNION BLVD., SUITE 780 LAKEWOOD, CO 80228

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01042005 Chg-LLC CR2E083 (10/03)

4. FEI Number
84-1895773 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

QUINLAN, CHRISTY
710 HARBOUR POST DRIVE
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name: Melissa Lomeczyk
Street Address (P.O. Box Number is Not Acceptable): 3230 W Kennedy Blvd
City: Tampa FL Zip Code: 33609

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] Feb 22 2005
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SMEAL, WAYNE 165 S. UNION BLVD., SUITE 780 LAKEWOOD, CO 80228 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MOGLER, BARRY 165 S. UNION BLVD., SUITE 780 LAKEWOOD, CO 80228 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

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: Holly Roads HOLLY ROADS 1-7-05 303 988-7979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #