

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001396

Entity Name: TATSU TORA, LLC

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

303 SOUTH BROADWAY, SUITE 200-382
DENVER, CO 80209

New Principal Place of Business:

824 S. FRANKLIN ST
DENVER, CO 80209

Current Mailing Address:

303 SOUTH BROADWAY, SUITE 200-382
DENVER, CO 80209

New Mailing Address:

824 S. FRANKLIN ST
DENVER, CO 80209

FEI Number: 20-0869803

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZWICK, THOMAS
4894 HAMILTON BRIDGE ROAD
PACE, FL 32571 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: ZWICK, MAUREEN
Address: 303 SOUTH BROADWAY, SUITE 200-382
City-St-Zip: DENVER, CO 80209

Title: MGR () Delete
Name: THE DANIEL H. KEYS T, RUST
Address: 303 SOUTH BROADWAY, SUITE 200-382
City-St-Zip: DENVER, CO 80209

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ZWICK, MAUREEN
Address: 824 S. FRANKLIN ST
City-St-Zip: DENVER, CO 80209

Title: MGR (X) Change () Addition
Name: THE DANIEL H. KEYS T, RUST
Address: 824 S. FRANKLIN ST
City-St-Zip: DENVER, CO 80209

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MAUREEN ZWICK

MGR

04/26/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date