


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90039 046 ****50.00

DOCUMENT # M05000004934 1. Entity Name NEWFIELDS DENVER, LLC	
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Principal Place of Business 1349 WEST PEACHTREE ST., STE. 2000 ATLANTA, GA 30309	Mailing Address 1349 WEST PEACHTREE ST., STE. 2000 ATLANTA, GA 30309
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DO NOT WRITE IN THIS SPACE

01042006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 58-2585036	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WERNKE, MICHAEL 534 MEADOW RIDGE DRIVE TALLAHASSEE, FL 32312

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALL, WILLIAM L 1349 WEST PEACHTREE ST., STE. 2000 ATLANTA, GA 30309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROUHANI, SHAHROKH 1349 WEST PEACHTREE ST., STE. 2000 ATLANTA, GA 30309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRIEGER, GARY 730 17TH ST, STE 925 DENVER, CO 80202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Winger L. Dickens</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<u>03/4/06</u> <small>Date</small>	<u>404-347-9050</u> <small>Daytime Phone #</small>
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