

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004934

Entity Name: NEWFIELDS DENVER, LLC

FILED
Feb 14, 2007
Secretary of State

Current Principal Place of Business:

1349 WEST PEACHTREE ST., STE. 2000
ATLANTA, GA 30309

New Principal Place of Business:

Current Mailing Address:

1349 WEST PEACHTREE ST., STE. 2000
ATLANTA, GA 30309

New Mailing Address:

FEI Number: 58-2585036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WERNKE, MICHAEL
534 MEADOW RIDGE DRIVE
TALLAHASSEE, FL 32312 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/MANAGERS:

Title: MGR () Delete
Name: HALL, WILLIAM L
Address: 1349 WEST PEACHTREE ST., STE. 2000
City-St-Zip: ATLANTA, GA 30309

Title: MGR () Delete
Name: RAUHANI, SHAHROKH
Address: 1349 WEST PEACHTREE ST., STE. 2000
City-St-Zip: ATLANTA, GA 30309

Title: MGR () Delete
Name: KRIEGER, GARY
Address: 730 17TH ST, STE 925
City-St-Zip: DENVER, CO 80202

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: ROUHANI, SHAHROKH
Address: 1349 WEST PEACHTREE ST., STE. 2000
City-St-Zip: ATLANTA, GA 30309

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: GINGER L HICKS

MGR

02/14/2007

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