

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # M07000002424

1. Entity Name
**AMERICAN TECHNICAL LAND ACQUISITION SERVICES
CORPS, LLC**



Principal Place of Business
**71 N. SHERWOOD GLEN
MONUMENT, CO 80132**

Mailing Address
**71 N. SHERWOOD GLEN
MONUMENT, CO 80132**

DO NOT WRITE IN THIS SPACE



01052008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-8727249

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCGRAW, RICHARD E
1216 NORTHWEST 13TH STREET
WELLS, ORIAN & CO, CPAS, P.A.
GAINESVILLE, FL 32601**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

01/11/08-80029-016 143.75

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MAXWELL, KATHERINE M
71 N. SHERWOOD GLEN
MONUMENT, CO 80132**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CORSI, JOSEPH N
71 N. SHERWOOD GLEN
MONUMENT, CO 80132**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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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: *Katherine M. Maxwell, Managing Member*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/5/08

Date

719 487 7701

Daytime Phone #