2001	UNIFORM BU	JSINESS REPO)RT ((UBR)					
DOCUI	MENT # M980	00000050							
AMMV INVESTMENTS, LLC					FILED				
Principal Place of Business		Mailing Address	Mailing Address 01			M 12: 17			
1050 17TH STREET		1050 17TH STREET	1050 17TH STREET SE		CRETARY OF	STATE			
#1200 DENVER CO 80265		#1200 DENVER CO 80265	#1200 TAI		LAHASSEE,	FLORIDA			
]	THE COLOUR PROFILED AND AND AND AND AND AND AND AND AND AN	Il es ial co nt esto	a ishi 33 hi 3 8a h	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS	S SPACE		
City & State		City & State	City & State		4. FEI Number	84-1066103		oplied For]
Zip Country		Zip	Zip Coun		5 Certificate of Status Desired \$5.00 Additional				1
6. Name and Address of Current		rrent Registered Agent	Registered Agent		7. Name and Address of New Registered Agent				-
	or Hamouria Hadross of Gar	·		Name	, , , , , , , , , , , , , , , , , , , ,		- 71guil-		1
	RPORATION SERVICE COMP	ANY	ŀ	Street Address	(P.O. Box Number	is Not Acceptable)			-
	D1 HAYS STREET LLAHASSEE FL 32301	er e	• •	<u>و دولا</u> پر دی	-				-
e ³			}	City			■ Zip Cod		-
8. The above named entity submits this statement for the purpose of changing its re				<u> </u>		F. Santa Otala of Florida			-
8. The above	named entity submits this stateme	ent for the purpose of changing it	s registere	a office or registe	red agent, or both	in the State of Florida.			
ŞIGNATURE _	Signature, typed or printed name of registered	agent and title if applicable. (NO	TE: Registered	Agent signatura require	d when reinstating)	DATE			
٤ -				EE IS \$50.00		0004621	<u> </u>		
•		Make Check Pa	ayable to	Department o	of State	0004621 -10/03/010	10520	17	T,
				nber 26, 2001		*****50.00			
9.	MGR	EMBERS/MANAGERS Delete	10.			ADDITIONS/CHANGE	Change	Addition	हि
NAME	AGNEW, DAVID B		. NAME						3(5)
STREET ADDRESS 1050 SEVENTEENTH STREET, S		EET, SUITE 1200		T ADDRESS ST-ZIP					2E083 (5/01)
TITLE	DENVER CO 80265	☐ Delete	TITLE				☐ Change	☐ Addition	뜅
NAME .			NAME						
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP					1
TITLE		☐ Delete	TITLE				Change	Addition	1
NAME STREET ADDRESS			NAME	T ADDRESS					
CITY-ST-ZIP				ST-ZIP					1
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	1
NAME STREET ADDRESS			NAME	T ADDRESS					
CITY-ST-ZIP				ST-ZIP					l
TITLE		☐ Delete	TITLE		·		☐ Change	Addition Addition	1
NAME STREET ADDRESS			NAME						1
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition	1
NAME STREET 4 DRRESS			NAME						
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP					1
11. / hereby c	ertify that the information supplied	d with this filing does not qualify for	or the exem	notion stated in Se	ection 119.07(3)(i),	Florida Statutes. I further o	ertify that the ir	nformation	1
indicated	on this report is true and accurate	and that my signature shall have	the same	legal effect as if r	nade under oath; t	hat I am a managing mem	ber or manage	r of the	

Date

Daytime Phone #

SIGNATURE: Kevin J. Martin; Mager: