


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 06, 2005 08:00 AM
Secretary of State

DOCUMENT # M98000000050 1. Entity Name AMMV INVESTMENTS, LLC	
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Principal Place of Business 1050 17TH STREET #1200 DENVER, CO 80265	Mailing Address 1050 17TH STREET #1200 DENVER, CO 80265
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DO NOT WRITE IN THIS SPACE

06282005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 84-1066103	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**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 reinstalling)

DATE _____

**Filing Fee is \$50.00
Due by September 7, 2005**

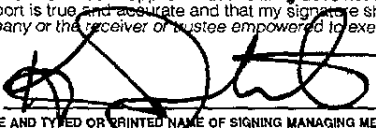
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FINKE, GABE L 1050 17TH STREET, SUITE 1200 DENVER, CO 80265
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIN, KEVIN J 1050 17TH STREET, SUITE 1200 DENVER, CO 80265
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARKER, HOLLY 105017TH STREET, SUITE 1200 DENVER, CO 80265
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KERZNER, EDWARD 1050 17TH STREET, SUITE 1200 DENVER, CO 80265
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/06/05-80008-009 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Kevin J. Martin, Manager June 29, 2005 303-534-6322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #