

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90064 028 ****50.00

DOCUMENT # M98000000050

1. Entity Name
AMMV INVESTMENTS, LLC



Principal Place of Business

**1050 17TH STREET
#1200
DENVER, CO 80265**

Mailing Address

**1050 17TH STREET
#1200
DENVER, CO 80265**

DO NOT WRITE IN THIS SPACE



01092006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
84-1066103

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

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
1050 17TH 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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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: _____

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

Kevin J. Martin, Manager January 10, 2006 303-534-6322

Date

Daytime Phone #