

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

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**



04072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

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

U000000910631
05/07/08-800008-004 138.75

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

**DO NOT WRITE
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, Mgr April 8, 2008 303-534-6322

Date

Daytime Phone #