


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		90 MAY -3 AM 11:01 mth 5/5	
<b>FILING FEE \$ 188.75</b> <b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>					
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # M98000000457</b> <b>COLORADO SPRINGS CONSTRUCTION LLC</b> <b>411 LAKEWOOD CIRCLE, SUITE B102</b> <b>COLORADO SPRINGS CO 80910</b>			1a. Principal Place of Business Address <b>411 LAKEWOOD CIRCLE, SUITE B</b> <b>COLORADO SPRINGS CO 80910</b>		
2. Principal Place of Business <b>7 Watia Rd.</b> Suite, Apt. #, etc.		2a. Mailing Address <b>P.O. Box 40</b> Suite, Apt. #, etc.		3. Date Organized or Qualified <b>05/08/1998</b>	
City & State <b>Almond, NC</b> Zip <b>28702</b>		City & State <b>Almond, NC</b> Zip <b>28702</b>		3a. State of Formation <b>CO</b>	
				4. FEI Number <b>84-1335056</b>	
				<input type="checkbox"/> -Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report <input type="checkbox"/>	
				6. Certificate of Status Desired <input type="checkbox"/>	
7. Name and Address of Current Registered Agent <b>CLARK, WILLIAM A</b> <b>38423 WASHINGTON LOOP ROAD</b> <b>PUNTA GORDA FL 33982</b>			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b>		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	KIRKMAN, DON R	36635 148TH AVE. SE		AUBURN WA	
MGRM	KIRKMAN, R. KREE	411 LAKEWOOD CIRCLE, SUITE		COLORADO SPRINGS CO	
800002869968- E -05/10/99 -01134--00 ****188.75 ****188.75					
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual 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 606, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: <i>Don R Kirkman</i> 4/29/99 253.833-7910 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER					