FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 31, 2002 8:00 am § Secretary of State DOCUMENT # M9800000457 1. Entity Name 01-31-2002 90082 017 ****50.00 COLORADO SPRINGS CONSTRUCTION LLC Mailing Address Principal Place of Business 7 WATIA RD PO BOX 40 ALMOND NC 28702 ALMOND NC 28702 3. Mailing Address 2. Principal Place of Business 38423 Washington Loop Rd. 38423 Washington Loop Rd. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number City & State 84-1335056 inta Gorda Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 33982 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CLARK, WILLIAM A Street Address (P.O. Box Number is Not Acceptable) 38423 WASHINGTON LOOP ROAD **PUNTA GORDA FL 33982** City Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 10. ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS MGRM ☐ Change Addition TITLE TITI F ☐ Delete NAME NAME KIRKMAN, DON R STREET ADDRESS STREET ADDRESS 36635 148TH AVE. SE CITY-ST-ZIP CJTY-ST-7IP **AUBURN WA 98092** MGRM Kirkman, R. Kree 36635 148th Ave SE Change ☐ Addition MGRM TIT) F TITLE ☐ Delete NAME KIRKMAN, R. KREE NAME STREET ADDRESS STREET ADDRESS 411-LAKEWOOD CIRCLE, SUITE-B102 Auburn, Wa. 98092 CITY-ST-ZIP CITY-ST-ZIP COLORADO SPRINGS CO 80918 Vice President Addition Change TITLE ☐ Delete William A CLARK 38423 WAShington Loop Road Punta Gorda, Fl 33982 NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADGRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.