## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # M98000000457

1. Entity Name

COLORADO SPRINGS CONSTRUCTION LLC



**FILED** Mar 03, 2005 08:00 AM Secretary of State

Principal Place of Business 36635 148TH AVENUE SE AUBURN, WA 98092 Mailing Address P.O. BOX 816

AUBURN, WA 98071

02232005 No Chg-LLC

## DO NOT WRITE IN THIS SPACE

CR2E083 (10/03)

Applied For 4. FEI Number 84-1335056 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

CLARK, WILLIAM A 38423 WASHINGTON LOOP ROAD

## DO NOT WRITE

| PUNTA GO                      | ORDA, FL 33982 _   | IN '   | THIS SPACE   |
|-------------------------------|--|--|--|
|                               | named entity submits this statement for the purpose of chan<br>ions of registered agent. | ging its registered office or registered agent, or b         | oth, in the State of Florida. I am familiar with, and accept |
| SIGNATURE                     | Signature, typed or printed name of registered agent and fille if applicable,            | (NOTE: Registered Agent signature required when reinstating) | DATE   |
| Fi<br>Di                      | iling Fee is \$50.00<br>ue by May 1, 2005  |  |  |
| 9.                            | MANAGING MEMBERS/MANAGERS  |  | ***  |
| TITLE                         | MGRM   |  | <del>-</del> -   |
| NAME                          | KIRKMAN, DON R<br>  36635 148TH AVE. SE  |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP | 30033 1401 H AVE. SE<br>  AUBURN, WA 98092   |  |  |
| TITLE                         | MGRM   |  | and and a subspect of  |
| NAME                          | KIRKMAN, R. KREE   | 1  | U00000250450   |
| STREET ADDRESS                | 102 BLUE CREEK   |  | UQ0000250450<br>Q3/Q4/Q5-80009-Q18 55.00                     |
| CITY-ST-ZIP                   | HERON, MT 59844  |  |  |
| YMLE                          |  |  | <del></del> .  |
| NAME                          |  |  |  |
| STREET ADDRESS                |  | l no   | NOT WRITE  |
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| TITLE                         |  |  | THIS SPACE   |
| NAME<br>STREET ADDRESS        |  |  |  |
| CITY-ST-ZIP                   |  |  |  |
| TITLE                         |  | <u>=====================================</u>                 |  |
| NAME                          |  |  |  |
| STREET ADDRESS                |  | Ĭ  |  |
| CITY-ST-ZIP                   |  |  |  |
| TITLE                         |  | <u> </u>   |  |
| NAME                          |  |  |  |
| STREET ADDRESS                |  | 1  |  |
| CITY-ST-ZIP                   | partifut that the information supplied with this filling does not on                     | will for the exemption stated in Section 110 PT/9            | IM Sporeda Statutas I further partify that the information   |

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 cath; 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.

veloner SIGNATURE:

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