2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M98000001609

1. Entity Name CAPTION COLORADO, L.L.C.

FILED Jan 28, 2008 08:00 AN Secretary of State

Principal Place of Business

5690 DTC BLVD SUITE 500W

GREENWOOD VILLAGE, CO 80111

Mailing Address

5690 DTC BLVD Suite 500W

GREENWOOD VILLAGE, CO 80111



01082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 84-1482374 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 32301-2525

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changi	ng its registered	office or I	registered agent, or	r both, in the State of F	Torida. I am familiar v	ith, and accept
the obligations of registered agent.			. ,	•	•	J.
SIGNATURE	(NOTE: Pagintared	oent moneti.	re carry and when reinstation		DATE	

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

000000803319 02/05/09-90020-013 129 75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POLUMBUS, R.T. 5690 DTC BLVD, SUITE 500W GREENWOOD VILLAGE, CO 80111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GROOMS, RONALD L 50 CHARLOU CIRCLE ENGLEWOOD, CO 80111
TITLE NAME STREET ADDRESS CHY-S1-ZIP	MGRM MAYER, CHARLES P 5557 E MINERAL PL LITTLETON, CO 80122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VESTAL, DONALD K 9350 REVIERE HILLS DRIVE ENGLEWOOD, CO 80111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROCKY MIN MEZZANINE FUND LL LP 1125 17TH ST #2260 DENVER, CO 80202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11.	I hereby certify that the information supplied with this filling 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
	white was my as the right and

SIGNATURE:

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

1/8/08

Daytime Phone #