## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M98000001609

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

ROCKY MIN MEZZANINE, FUND LL LP

1125 17TH ST #2260

DENVER, CO 80202

Name: Address:

City-St-Zip:

FILED Feb 16, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
5690 DTC   SUITE 500 GREENWO		c, CO 80111			
Current Mailing Address:			New Mailing Address:		
5690 DTC I SUITE 500 GREENWO	BLVD W DOD VILLAGE	i, CO 80111			
FEI Number:	84-1482374	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
1201 HAYS		DE COMPANY D12525 US			
The above in the State		submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both	
SIGNATUR	RE:				
	Electror	ic Signature of Registered Age	ent	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	POLUMBUS, R 5690 DTC BLV		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM ( ) GROOMS, RON 50 CHARLOU C ENGLEWOOD,	CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM ( ) MAYER, CHAR 5557 E MINERA LITTLETON, CO	AL PL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM ( ) VESTAL, DONA 9350 REVIERE ENGLEWOOD,	HILLS DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	MGRM (X	) Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Name:

Address:

City-St-Zip:

SIGNATURE: R.T. POLUMBUS MGRM 02/16/2009