## 2006 LIMITED LIABILITY COMPANY

#### **ANNUAL REPORT** DOCUMENT # M99000000313 SHARP SHOOTER/SPECTRUM VENTURE, L.L.C. Principal Place of Business Mailing Address 699 SUMMIT BLVD. PO BOX 4200 FRISCO, CO 80443 FRISCO, CO 80443

# **FILED** May 08, 2006 08:00 A Secretary of State



DATE

#### DO NOT WRITE IN THIS SPACE

CR2E083 (11/05) 03232006 No Chg-LLC

> Applied For Not Applicable

5. Certificate of Status Desired

4. FEI Number 84-1393180

> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Suprature, typed or printed name of registered agent and title if applicable

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

the obligations of registered agent.

SIGNATURE.

### DO NOT WRITE IN THIS SPACE

. Fi	iling Fee is \$50.00 ue by May 1, 2006	
9.	MANAGING MEMBERS/MANAGERS	the companies of the state of the state of the state of the state of
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROY, RICHARD M 699 SUMMIT BLVD. FRISCO, CO 80443	U00000564447 05/20/06-80068-003 50.00
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGR LAINE, PAUL 699 SUMMIT BLVD. FRISCO, CO 80443	to the second of
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE		

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. 1 am familiar with, and accept

(NOTE: Registered Agent signature required when reinstating)

11. I hereby certify that the information supplied with this filing 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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP

ANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #