


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000016935 1. Entity Name MOUNTRISE, LLC					
Principal Place of Business 709 N.E. 93RD STREET MIAMI SHORES, FL 33138			Mailing Address 709 N.E. 93RD STREET MIAMI SHORES, FL 33138		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
<div style="display: flex; justify-content: space-between;"> 01242005 Chg-LLC CR2E083 (10/03) <div style="text-align: right;"> 4. FEI Number 04-3620158 </div> </div>					
<div style="display: flex; justify-content: space-between;"> 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required </div>					
6. Name and Address of Current Registered Agent TRANSGLOBAL CORPORATE ADMINISTRATIVE, LLC 520 BRICKELL KEY DR SUITE D-305 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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. I am familiar with, and accept the obligations of registered agent.			<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div> DATE _____ </div> </div>		
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MCDUGALL, PATRICK B 709 N.E. 93RD STREET MIAMI SHORES, FL 33138	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000324656 04/22/05-80099-017 50.00 </div> </div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS FREEMAN, STEPHEN 520 BRICKELL JEW DR #305 MIAMI, FL 33131	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <input type="checkbox"/> Delete </div>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <input type="checkbox"/> Delete </div>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <input type="checkbox"/> Delete </div>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>			
11. 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 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.					
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div> PATRICK B. MCDUGALL <small>Date</small> </div> <div> 04/19/05 <small>Daytime Phone #</small> </div> </div>					