
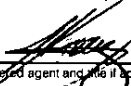
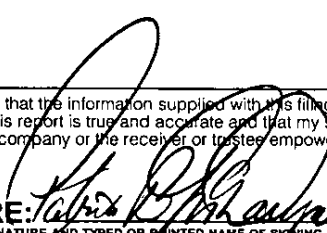


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90158 025 \*\*\*\*50.00

|  |   |                                 |   |   |  |
|--|---|---------------------------------|---|---|--|
| <b>DOCUMENT # L01000016935</b>   |   |                                 |   |    |  |
| 1. Entity Name<br><b>MOUNTRISE, LLC</b>  |   |                                 |   |   |  |
| Principal Place of Business<br><b>709 N.E. 93RD STREET<br/>MIAMI SHORES, FL 33138</b>  |   |                                 | Mailing Address<br><b>709 N.E. 93RD STREET<br/>MIAMI SHORES, FL 33138</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #   |   |                                 | 3. Mailing Address<br><b>520 Brickell Key Drive</b>                       |   |  |
| Suite, Apt. #, etc.  |   |                                 | Suite, Apt. #, etc.<br><b>Suite D-305</b>                                 |   |  |
| City & State   |   |                                 | City & State<br><b>Miami FL</b>   |   |  |
| Zip  | Country   | Zip                             | Country   | 4. FEI Number<br><b>04-3620158</b>  |  |
| <b>33131</b>   | <b>USA</b>  | <b>33131</b>                    | <b>USA</b>  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><b>TRANSGLOBAL CORPORATE ADMINISTRATIVE, LLC<br/>520 BRICKELL KEY DR<br/>SUITE D-305<br/>MIAMI, FL 33131</b>  |   |                                 |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>   |  |
| 7. Name and Address of New Registered Agent<br><b>Transglobal Corporate Administration LLC<br/>520 Brickell Key Drive<br/>Suite D-305<br/>Miami FL 33131</b>   |   |                                 |   | 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. |  |
| SIGNATURE  <b>Jose Alvarez</b>  |   |                                 |   | DATE <b>03/30/07</b>  |  |
| Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)  |   |                                 |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |   |                                 | <b>Make check payable to<br/>Florida Department of State</b>              |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |                                 |   | <b>10. ADDITIONS/CHANGES</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR<br/>MCDOUGALL, PATRICK B<br/>709 N.E. 93RD STREET<br/>MIAMI SHORES, FL 33138</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>AS<br/>FREEMAN, STEPHEN<br/>520 BRICKELL JEW DR #305<br/>MIAMI, FL 33131</b>         | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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. |   |                                 |   |   |  |
| <b>SIGNATURE:</b>  <b>Patrick B. McDougall</b> <b>March 9, 2007 (305) 258-4338</b>  |   |                                 |   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #   |   |                                 |   |   |  |

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01102007 Chg-LLC CR2E083 (12/06)