

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000017610

1. Entity Name  
SNOWMASS CLUB #138, LLC



Principal Place of Business

% JOHN S. SIMONI  
174 COCONUT PALM ROAD  
BOCA RATON, FL 33432

Mailing Address

% JOHN S. SIMONI  
174 COCONUT PALM ROAD  
BOCA RATON, FL 33432

**DO NOT WRITE IN THIS SPACE**



01292004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

03-0378629

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COHEN, EDWARD B  
54 SW BOCA RATON BLVD.  
BOCA RATON, FL 33432

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
SIMONI, JOHN S  
174 COCONUT PALM ROAD  
BOCA RATON, FL 33432

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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02/10/04 90007 022 \*\*\*\*50.00

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE: John S. Simoni

1/26/04

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

Date

Daytime Phone #