

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000011662

Entity Name: MOUNTAIN GARDEN, LLC

FILED  
Apr 03, 2006  
Secretary of State

## Current Principal Place of Business:

400 ANTLER RIDGE RD.  
WHITEFISH, MT 59937

## New Principal Place of Business:

## Current Mailing Address:

4001 SANTA BARBARA BLVD  
353  
NAPLES, FL 34104

## New Mailing Address:

FEI Number: 02-0605993

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RICHARDSON, PAMELA J  
4001 SANTA BARBARA BLVD  
353  
NAPLES, FL 34104 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: RICHARDSON, PAMELA J  
Address: 4001 SANTA BARBARA BLVD  
City-St-Zip: NAPLES, FL 34104

Title: MGR ( ) Delete  
Name: RICHARDSON, DANIEL J JR.  
Address: 4001 SANTA BARBARA BLVD  
City-St-Zip: NAPLES, FL 34104

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: RICHARDSON, PAMELA J  
Address: 4001 SANTA BARBARA BLVD #353  
City-St-Zip: NAPLES, FL 34104

Title: MGR (X) Change ( ) Addition  
Name: RICHARDSON, DANIEL J JR.  
Address: 4001 SANTA BARBARA BLVD #353  
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: PAMELA J. RICHARDSON

MGR

04/03/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date