2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

TURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER.

Apr 19, 2005 8:00 am Secretary of State **DOCUMENT # L02000015673** 04-19-2005 90021 048 ****50.00 1. Entity Name MOUNTAIN PROPERTIES, LLC Principal Place of Business Mailing Address 20037903 7498 FAIRWAY TRAIL 7498 FAIRWAY TRAIL BOCA RATON, FL 33487 BOCA RATON, FL 33487 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122005 CR2E083 (10/03) Cha-LLC City & State 4. FEI Number Applied For City & State 04-3700827 Not Applicable Country \$5.00 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PRONYK, RONALD J Street Address (P.O. Box Number is Not Acceptable) 7498 FAIRWAY TRAIL BOCA RATON, FL 33487 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. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. Pronyk, Ronald J. TITLE **MGRM** Delete TITLE PRONYR, RONALD J NAME NAME STREET ADDRESS STREET ADDRESS 7498 FAIRWAY TRAIL BOCA RATON, FL 33487 CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Defete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Channe ☐ Addition ☐ Delete TITLE TΠLF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 thystee empowered to execute this report is required by Chapter 608, Florida Statutes. 561-955-9544 Ronald J. Pronuk 4-15-05

MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #