

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000029918

1. Entity Name

CHOCOLATE MOUNTAIN OF VAIL LLC



Principal Place of Business

804 SWEETWATER BLVD. SOUTH
LONGWOOD, FL 32779

Mailing Address

804 SWEETWATER BLVD. SOUTH
LONGWOOD, FL 32779



04122004 No Chg-LLC

CR2/E083 (10/03)

4. FEI Number

27-2305427

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MANNIK, MARGARET ANNE
804 SWEETWATER BLVD. SOUTH
LONGWOOD, FL 32779

**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	MGRM
NAME	MANNIK, MARGARET A MGRM
STREET ADDRESS	804 SWEETWATER BLVD. SOUTH
CITY- ST- ZIP	LONGWOOD, FL 32779

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04/19/04-80094-016 50.00

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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)(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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Margaret Ann Mannik* - MARGARET ANNE MANNIK - 4-15-04 - 407-862-9829

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

Date

Daytime Phone #