

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000032251

1. Entity Name  
SNOWMASS CREEK RANCH, LLC



Principal Place of Business

3033 RIVIERA DR  
SUITE #201  
NAPLES, FL 34103

Mailing Address

3033 RIVIERA DR  
SUITE #201  
NAPLES, FL 34103



02252005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

02-0654699

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BUDD, DAVID G  
3033 RIVIERA DRIVE  
SUITE #201  
NAPLES, FL 34103

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRT
NAME	STARMAN, SHELDON W
STREET ADDRESS	4099 TAMiami TRAIL NORTH STE 400
CITY-STATE-ZIP	NAPLES, FL 34103
TITLE	MGRS
NAME	BUDD, DAVID G
STREET ADDRESS	3033 RIVIERA DR STE 201
CITY-STATE-ZIP	NAPLES, FL 34103
TITLE	MGR
NAME	DAVIS, JULIA M
STREET ADDRESS	9201 W OLYMPIC BLVD STE 200
CITY-STATE-ZIP	BEVERLY HILLS, CA 90212
TITLE	AS
NAME	LAPIN, DAVID A
STREET ADDRESS	9201 W OLYMPIC BLVD STE 200
CITY-STATE-ZIP	BEVERLY HILLS, CA 90212
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000250427  
03/04/05-80009-006 55.00

**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:

*David G. Budd*

2/28/05 (239) 263-7700

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

Date

Daytime Phone #

DAVID G. BUDD, ASSISTANT OPERATING MANAGER