

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90199 039 ****55.00

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		
2. Principal Place of Business c/o David G. Budd Suite, Apt. #, etc. 3033 Riviera Drive, #201		3. Mailing Address c/o David G. Budd Suite, Apt. #, etc. 3033 Riviera Drive, #201		20013212 	
City & State Naples, Florida Zip 34103 Country USA		City & State Naples, Florida Zip 34103 Country USA		4. FEI Number 02-0654699	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BUDD, DAVID G 3033 RIVIERA DRIVE SUITE #201 NAPLES, FL 34103			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRT STARMAN, SHELDON W 4099 TAMiami TRAIL NORTH STE 400 NAPLES, FL 34103	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRS BUDD, DAVID G 3033 RIVIERA DR STE 201 NAPLES, FL 34103	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVIS, JULIA M 9201 W OLYMPIC BLVD STE 200 BEVERLY HILLS, CA 90212	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LAPIN, DAVID A 9201 W OLYMPIC BLVD STE 200 BEVERLY HILLS, CA 90212	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>David G. Budd</i> DAVID G. BUDD, ASSISTANT OPERATING MANAGER			2/27/06 (239) 263-7700 Date Daytime Phone #		