

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90045 038 \*\*\*\*55.00

**DOCUMENT # L02000032251**

1. Entity Name  
**SNOWMASS CREEK RANCH, LLC**



Principal Place of Business  
**C/O DAVID G. BUDD  
3033 RIVIERA DR, # 201  
NAPLES, FL 34103**

Mailing Address  
**C/O DAVID G. BUDD  
3033 RIVIERA DR, # 201  
NAPLES, FL 34103**

40088763

2. Principal Place of Business - No P.O. Box #  
**5551 Ridgewood Drive**

3. Mailing Address  
**c/o David G. Budd**

Suite, Apt. #, etc.  
**Suite 501**

Suite, Apt. #, etc.  
**5551 Ridgewood Dr., #501**

04262007 Chg-LLC CR2E083 (12/06)

City & State  
**Naples, FL**

City & State  
**Naples, FL**

4. FEI Number  
**02-0654699**

Applied For  
☐ Not Applicable

Zip  
**34108**

Country  
**USA**

Zip  
**34108**

Country  
**USA**

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**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**5551 Ridgewood Drive**  
**Suite 501**  
City **Naples** **FL** Zip Code **34108**

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 David G. Budd **David G. Budd, Registered Agent** **4/27/07**  
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, 2007**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
STARMAN, SHELDON W  
4099 TAMiami TRAIL NORTH STE 400  
NAPLES, FL 34103** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRS  
BUDD, DAVID G  
3033 RIVIERA DR STE 201  
NAPLES, FL 34103** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
DAVIS, JULIA M  
9201 W OLYMPIC BLVD STE 200  
BEVERLY HILLS, CA 90212** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
LAPIN, DAVID A  
9201 W OLYMPIC BLVD STE 200  
BEVERLY HILLS, CA 90212** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**5551 Ridgewood Drive, Suite 501  
Naples, FL 34108**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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: David G. Budd **4/27/07** **(239) 514-1000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**DAVID G. BUDD, ASSISTANT OPERATING MANAGER**