

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000032251**

1. Entity Name  
SNOWMASS CREEK RANCH, LLC



Principal Place of Business  
5551 RIDGEWOOD DR SUITE 501  
NAPLES, FL 34108

Mailing Address  
5551 RIDGEWOOD DR SUITE 501  
NAPLES, FL 34108



04252008 No Chg-LLC

CR2E083 (12/07)

**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  
5551 RIDGEWOOD DR SUITE 501  
NAPLES, FL 34108

**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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000937401  
05/27/08-80048-021 143.75

9. MANAGING MEMBERS/MANAGERS

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRS  
BUDD, DAVID G  
5551 RIDGEWOOD DR SUITE 501  
NAPLES, FL 34108

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

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

Date

Daytime Phone #

David G Budd, Secretary

4-25-08 2395141000