2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State
03-22-2004 90420 046 ****50.00

DOCUMENT # L03000049819

1. Entity Name
SNOWLICK MOUNTAIN RANCH, LLC

24025856

Principal Place of Business	Mailing Address
4415 METRO PKWY, STE 325 FORT MYERS FL 33916	4415 METRO PKWY, STE 325 FORT MYERS FL 33916

MOORE CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address
20340 Buck Crest Lne	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Alva Florida	
City & State	City & State
33920 USA	
Zip / Country	Zip / Country

4. FEI Number: Not Required ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FEICHTHALER, ERIC P 4415 METRO PKWY, STE 325 FORT MYERS FL 33916	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 Thomas R. Baker Manager Snowlick Mountain Ranch, LLC 3/1/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	Manager ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Thomas R. Baker	NAME	
STREET ADDRESS	20340 Buck Crest Ln.	STREET ADDRESS	
CITY-ST-ZIP	Alva, FL 33920	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Thomas R. Baker, Manager Snowlick Mountain Ranch, LLC 3/1/04 239-728-3[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #