2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000055948

1. Entity Name
LAKE POWELL PASS, LLC



Principal Place of Business

Mailing Address

FILED Mar 05, 2008 8:00 am Secretary of State 03-05-2008 90208 002 ***138.75

101-A BUSIN DESTIN, FL	IESS CENTRE DR. 32550	101-A BUSINESS CENTRE DR. DESTIN, FL 32550		60012749				
		02272008 No Chg-LLC	CR2E083 (12/07)					
L	O NOT WRITE	IN THIS SPACE	CE	4. FEI Number 20-0678016	Applied For Not Applicabl			
		e e e e e e e e e e e e e e e e e e e		5. Certificate of Status Desi	red Solutional Fee Required			
	6. Name and Address of Current F	legistered Agent		^				
501 COM	IAN, GARY MENDENCIA STREET DLA, FL 32502		DO NOT WRITE IN THIS SPACE					
the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its registere	ed office or registe	red agent, or both, in the State	of Florida. I am familiar with, and accep			
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Registere	d Agent signature required	d when reinstating)	DATE			
File After May	NOWIII FEE IS \$138.75 71, 2008 Fee Will be \$538.75							
9.	MANAGING MEMBER	RS/MANAGERS			- , , , , , , , , , , , , , , , , , , ,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM A & J HOLDINGS, LLC 101-A BUSINESS CENTRE DR. DESTIN, FL 32550							
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE				
NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP								
11 I hereby	certify that the information supplied with	thin filing doop not qualify for the av	amatiana aastalaa	od in Chanter 110 Chaids Cha	utae 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.

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

mm

Date

Daytime Phone #