2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000054195

1. Entity Name SNOWMASS MOUNTAIN PROPERTIES, LLC

FILED Apr 12, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

628 BAY CLIFFS ROAD GULF BREEZE, FL 32561 628 BAY CLIFFS ROAD GULF BREEZE, FL 32561



01122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1390539 Applied For Not Applicable

5. Certificate of Status Desired

4-9.07

Date

850,435,470

\$5.00 Additional

6.	Name	and	Address	of Current	Registered	Agent

BEGGS & LANE, RLLP 501 COMMENDENCIA STREET PENSACOLA, FL 32502

the obligations of registered agent.

SIGNATURE:

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SIGNATURE Signature, hosed or printed name of registered agent and title if applicable. (NOTE: Registered Agent elgosture required when reinstating) DATE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filling Fee is \$50.00 Due by May 1, 2007							
9.	MANAGING MEMBERS/MANAGERS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BASS, MICHAEL T 628 BAY CLIFFS ROAD GULF BREEZE, FL 32561		U00000703009				
TITLE NAME STREET ADDRESS C(TY-ST-Z)P			04/20/07-80122-013 55.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE				
ITTLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE RAME STREET ADDRESS CITY-ST-ZIP							
11. I hereby certify that the information supplied with this filling 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.							

AND TYPED OR PRINTED NAME OF SIGRING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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. 1 am familiar with, and accept