

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

03-08-2005 90026 005 *****50.00
L04000060249

DOCUMENT # L04000060249 1. Entity Name MOUNTAIN PEAK INVESTMENTS, LLC				FILL SECRETARY OF STATE DIVISION OF CORPORATIONS 06 FEB 27 AM 9:59	
Principal Place of Business 15970 W. STATE ROAD 84 # 106 SUNRISE, FL 33326		Mailing Address 15970 W. STATE ROAD 84 # 106 SUNRISE, FL 33326			
2. Principal Place of Business 1409 Sabal Tr.		3. Mailing Address 1409 Sabal Tr.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Weston, FL		City & State Weston, FL		4. FSA Number 26-1497863	
Zip 33327		Zip 33327		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LSA MANAGEMENT, INC. 215 N. FEDERAL HWY. BOCA RATON, FL 33432		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500067316525 03/07/06--01029--037 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		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 exemption stated in Section 119.07(3)(f), 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: <u>Howard Solomon</u>			3/3/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		