

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90308 009 \*\*\*\*50.00

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01152007 Chg-LLC CR2E083 (12/06)

|  |  |         |  |  |   |
|--|--|---------|--|--|---|
| <b>DOCUMENT # L04000069577</b><br>1. Entity Name<br><b>BAD ASS NOLES SKI LODGE, LLC</b>  |  |         |  |  |   |
| Principal Place of Business<br><b>750 WEST LUMSDEN ROAD<br/>BRANDON, FL 33511 US</b>   |  |         | Mailing Address<br><b>750 WEST LUMSDEN ROAD<br/>BRANDON, FL 33511 US</b> |  |   |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.  |  |         | 3. Mailing Address<br>Suite, Apt. #, etc.                                |  |   |
| City & State   |  |         | City & State   |  |   |
| Zip  |  | Country |  | 4. FEI Number<br><b>33-1102664</b>   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |         |  | Applied For<br><input type="checkbox"/> Not Applicable   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>CURRY, CLIFTON C JR.<br/>750 WEST LUMSDEN ROAD<br/>BRANDON, FL US</b>  |  |         |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |         |  |  |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |  |         | <b>Make check payable to<br/>Florida Department of State</b>             |  |   |
| 9. MANAGING MEMBERS/MANAGERS   |  |         |  | 10. ADDITIONS/CHANGES  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>CURRY, CLIFTON C JR.<br>750 WEST LUMSDEN ROAD<br>BRANDON, FL 33511 <input type="checkbox"/> Delete |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>CURRY, TERESA D<br>750 WEST LUMSDEN ROAD<br>BRANDON, FL 33511 <input type="checkbox"/> Delete      |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>LEMOX, EDWARD F III<br>750 WEST LUMSDEN ROAD<br>BRANDON, FL 33511 <input type="checkbox"/> Delete  |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>LEMOX, ANN W<br>750 WEST LUMSDEN ROAD<br>BRANDON, FL 33511 <input type="checkbox"/> Delete         |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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. |  |         |  |  |   |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small><br><b>CLIFTON C. CURRY, JR.</b>  |  |         |  | Date <b>2/9/07</b> Daytime Phone # <b>813-653-2500</b>   |   |