


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90048 029 \*\*\*\*55.00

<b>DOCUMENT # L04000086768</b>	
1. Entity Name <b>BEAUTIFUL MOUNTAIN LLC</b>	

Principal Place of Business <b>1 COMMERCIAL BOULEVARD LAUDERDALE BY THE SEA FL 33308</b>	Mailing Address <b>1 COMMERCIAL BOULEVARD LAUDERDALE BY THE SEA FL 33308</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State  Zip Country	City & State  Zip Country

1st MOORE CR2E083 (10/06)



4. FEI Number <b>20-3184537</b>	Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>		
<table border="1"> <tr> <td>6. Name and Address of Current Registered Agent  <b>MOHLER, PEGGY ONE COMMERCIAL BLVD LAUDERDALE BY THE SEA FL 33308</b></td> <td>7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code</td> </tr> </table>		6. Name and Address of Current Registered Agent  <b>MOHLER, PEGGY ONE COMMERCIAL BLVD LAUDERDALE BY THE SEA FL 33308</b>	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
6. Name and Address of Current Registered Agent  <b>MOHLER, PEGGY ONE COMMERCIAL BLVD LAUDERDALE BY THE SEA FL 33308</b>	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  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 \_\_\_\_\_ (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, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR BECK, PETER 1 COMMERCIAL BOULEVARD LAUDERDALE BY THE SEA FL 33308</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 Section 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.

**SIGNATURE:** *Peter Beck Mgr* **1/29/07** **954-772-3347**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #