

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086807

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: VICTORY MOUNTAIN LLC

**Current Principal Place of Business:**

29351 BETTS ROAD  
MYAKKAA, FL 34251

**New Principal Place of Business:**

**Current Mailing Address:**

1400 THICKET LANE  
SARASOTA, FL 34240

**New Mailing Address:**

1842 ROBINHOOD STREET  
SASRAOTA, FL 34231

FEI Number: 20-1970580

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOPKINS, F. THOMAS  
ICARD, MERRILL, CULLIS, TIMM ET AL  
2033 MAIN STREET, SUITE 600  
SARASOTA, FL 34237 US

**Name and Address of New Registered Agent:**

DEVITTORI, RYAN  
1842 ROBINHOD ST  
SARASOTA, FL 34231 US

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.

SIGNATURE: RYAN DEVITTORI

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR (X) Delete  
Name: TOPE, EDWIN G  
Address: 1400 THICKET LANE  
City-St-Zip: SARASOTA, FL 34240

Title: MGR ( ) Delete  
Name: DE VITTORI, RYAN L  
Address: 1842 ROBINHOOD STREET  
City-St-Zip: SARASOTA, FL 34231

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RYAN DEVITTORI

MGR

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date