

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000066534

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: MOUNTAIN DREAM ESTATES, LLC

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

FEI Number: 20-3164158      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CONSULTING SERVICES OF SOUTH FLORIDA, INC.  
2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CENTURION MANAGEMENT, SERVICES LTD  
Address: NERINE CHAMBERS, PO BOX 905  
City-St-Zip: ROAD TOWN, TORTOLA, BVI, XX XX XX

Title: MGRM ( ) Delete  
Name: THE ARGYLL TRUST COM, PANY  
Address: HUNKINS PLAZA, PO BOX 556, MAIN STREET  
City-St-Zip: CHARLESTON, NEVIS, XX XX XX

Title: MGR ( ) Delete  
Name: PELAEZ, VANESSA  
Address: 2121 PONCE DE LEON BLVD, SUITE 1050  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

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

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: VANESSA PELAEZ

MGRM

04/30/2008

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