

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000066534

FILED
Mar 17, 2011
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
Name: CENTURION MANAGEMENT SERVICES LTD
Address: NERINE CHAMBERS, PO BOX 905
City-St-Zip: ROAD TOWN, TORTOLA, BVI, XX XX XX

Title: MGRM
Name: THE ARGYLL TRUST COMPANY
Address: HUNKINS PLAZA, PO BOX 556, MAIN STREET
City-St-Zip: CHARLESTON, NEVIS, XX XX XX

Title: MGR
Name: GARCIA, ANTONIO
Address: 2121 PONCE DE LEON BLVD, SUITE 1050
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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: ANTONIO GARCIA MGR 03/17/2011

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