

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000077653

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: CEDAR MOUNTAIN ESTATES, LLC

**Current Principal Place of Business:**

13014 N DALE MABRY HWY  
SUITE 335  
TAMPA, FL 33618 US

**New Principal Place of Business:**

**Current Mailing Address:**

13014 N DALE MABRY HWY  
SUITE 335  
TAMPA, FL 33618 US

**New Mailing Address:**

FEI Number: 20-3668184

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: POWELL, TROY K  
Address: 13014 N DALE MABRY HWY, SUITE 335  
City-St-Zip: TAMPA, FL 33618 US

Title: MGRM ( ) Delete  
Name: WHATCOTT, LYNN R  
Address: 406 GOLDEN HARVEST ROAD  
City-St-Zip: DRAPER, UT 84020 US

**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 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: TROY K POWELL

MGRM

04/27/2006

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