

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000077653

FILED
May 02, 2007
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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GORDON, JEFFREY J
BANK OF AMERICA PLAZA
101 E. KENNEDY BLVD., SUITE 3170
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

MANEY & GORDON, P.A.
BANK OF AMERICA PLAZA, 101 E KENNEDY BLVD
SUITE 3170
TAMPA, FL 33602 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: JEFFREY

05/02/2007

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 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 POWELL

MGRM

05/02/2007

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