

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097985

Entity Name: MOUNT SAVAGE 44, L.L.C.

FILED  
Apr 28, 2006  
Secretary of State

**Current Principal Place of Business:**

POB 536  
GOLDENROD, FL 32733

**New Principal Place of Business:**

**Current Mailing Address:**

POB 536  
GOLDENROD, FL 32733

**New Mailing Address:**

FEI Number: 20-3879631

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHARP, DUDLEY Q JR  
369 N NEW YORK AVENUE 3RD FL  
WINTER PARK, FL 32789 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: MGR ( ) Delete  
Name: SWANSON, THERESA E  
Address: POB 536  
City-St-Zip: GOLDENROD, FL 32733

Title: MGR ( ) Delete  
Name: SWANSON, JON S  
Address: POB 536  
City-St-Zip: GOLDENROD, FL 32733

**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: JON C SWANSON

MGR

04/28/2006

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