

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000014349

Entity Name: MOUNTAIN STATES HOLDINGS, LLC

FILED
Jan 29, 2007
Secretary of State

Current Principal Place of Business:

6827 N. ORANGE BLOSSOM TRIAL, SUITE 2
ORLANDO, FL 32810

New Principal Place of Business:

6827 N. ORANGE BLOSSOM TRAIL, SUITE 2
ORLANDO, FL 32810

Current Mailing Address:

6827 N. ORANGE BLOSSOM TRIAL, SUITE 2
ORLANDO, FL 32810

New Mailing Address:

6827 N. ORANGE BLOSSOM TRAIL, SUITE 2
ORLANDO, FL 32810

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEMPSEY, W. GLENN
505 SOUTH FLAGLER DRIVE, SUITE 1330
WEST PALM BEACH, FL 33401 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: DEMPSEY, W. GLENN
Address: 505 SOUTH FLAGLER DRIVE, SUITE 1330
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR () Delete
Name: HENDERSON, JAMES
Address: 6827 N. ORANGE BLOSSOM TRIAL, SUITE 2
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: HENDERSON, JAMES
Address: 6827 N. ORANGE BLOSSOM TRAIL, SUITE 2
City-St-Zip: ORLANDO, FL 32810

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: JAMES HENDERSON

MGR

01/29/2007

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