

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000014371

FILED  
Jan 16, 2009  
Secretary of State

**Entity Name:** MOUNTAIN EUROPEAN HOLDINGS, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

505 SOUTH FLAGLER DR.  
SUITE 1330  
WEST PALM BEACH, FL 33401

**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 DR., STE. 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 DR., STE. 1330  
City-St-Zip: WEST PALM BEACH, FL 33401

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

**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: W. GLENN DEMPSEY

MGR

01/16/2009

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