

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000073560

FILED  
Apr 13, 2007  
Secretary of State

Entity Name: MOUNTAIN HIDEAWAY RETREAT LLC

**Current Principal Place of Business:**

2335 HOLSTON AVENUE  
SPRING HILL, FL 34608

**New Principal Place of Business:**

**Current Mailing Address:**

2335 HOLSTON AVENUE  
SPRING HILL, FL 34608

**New Mailing Address:**

FEI Number: 20-8756825

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PIZZO, LAURIE ANN  
2335 HOLSTON AVENUE  
SPRING HILL, FL 34608 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: PIZZO, LAURIE ANN  
Address: 2335 HOLSTON AVENUE  
City-St-Zip: SPRING HILL, FL 34608

Title: MGRM ( ) Delete  
Name: PIZZO, JOHN  
Address: 2335 HOLSTON AVENUE  
City-St-Zip: SPRING HILL, FL 34608

**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: LAURIE ANN PIZZO

MGR

04/13/2007

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