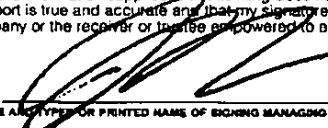


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

04-25-2007 90032 035 ****50.00

DOCUMENT # L06000080540 1. Entity Name MOUNTAIN CONSTRUCTION AND DEVELOPMENT, LLC					
Principal Place of Business 1070 E INDIANTOWN ROAD SUITE 410 JUPITER, FL 33477 US			Mailing Address 1070 E INDIANTOWN ROAD SUITE 410 JUPITER, FL 33477 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent OVER MY HEAD, INC. 1070 E INDIANTOWN ROAD SUITE 410 JUPITER, FL 33477				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OVER MY HEAD, INC. 1070 E INDIANTOWN ROAD SUITE 410 JUPITER, FL 33477 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DESTINATION DEVELOPMENT & LAND COMPANY LLC 224 MURCIA DR. APT. 203 JUPITER, FL 33458 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Destination Development & Land 1571 SE Hampshire Way #103 Stuart, FL 34994 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 			Date: 4-24-07 Phone #: (561) 746-7277		
PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE: Joe Livesey					

30007700



04242007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-5379668** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required