2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000081029

1. Entity Name

MOUNTAIN REAL ESTATE INVESTMENTS, LLC



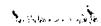
Principal Place of Business

234 SILVERADO DRIVE NAPLES, FL 34119 US Mailing Address

3200 TAMIAMI TRAIL NORTH SUITE 200 NAPLES, FL 34103 US

FILED Mar 10, 2008 8:00 am Secretary of State

03-10-2008 90345 001 ****88.75 03-10-2008 90345 002 ****55.00





01072008No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
20-8293051		Not Applicable
	ning \$	5 00 Additional

5. Certificate of Status Desired

X

\$5.00 Additiona Fee Required

6. Name and Address of Current Registered Agent

LADEMAN, CARRIE E 3200 TAMIAMI TRAIL NORTH SUITE 200 NAPLES, FL, FL 34103

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAPLES, FL, FL 34103		IN I HIS	IN THIS SPACE			
	named entity submits this statement for the purpose of chations of registered agent.	inging its registered office or registered agent, or both, in the St	ate of Florida. I am familiar wit	h, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and title it applicable.	(NOTE. Registered Agent signature required when reinstating)	DATE			
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75					
9.	MANAGING MEMBERS/MANAGERS					
TITLE	MGRM					
NAME	SKALLER, LAURENCE D	•		: 1		
STREET ADDRESS	234 SILVERADO DRIVE		·			
CITY-ST-ZIP	NAPLES, FL 34119			ļ		
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NAME	KOCSES, CHAD			-		
STREET ADDRESS	1					
CITY-ST-ZIP	NAPLES, FL 34119	·				
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NAME	DRUSKIN, BARRY			j		
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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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER. OF AUTHORIZED REPRESENTATIVE

1/18/08

Daytime Phone #