

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

03-10-2008 90345 001 \*\*\*\*88.75

03-10-2008 90345 002 \*\*\*\*55.00

**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**



01072008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-8293051**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SKALLER, LAURENCE D  
234 SILVERADO DRIVE  
NAPLES, FL 34119**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**M  
KOCSES, CHAD  
234 SILVERADO DRIVE  
NAPLES, FL 34119**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**M  
DRUSKIN, BARRY  
234 SILVERADO DRIVE  
NAPLES, FL 34119**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**1/18/08**  
Date

Daytime Phone # \_\_\_\_\_