

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000039073

FILED  
Jan 06, 2012  
Secretary of State

Entity Name: MOUNTAINS OF NAPLES, LLC

## Current Principal Place of Business:

2843 ROAD 134, TOWNSHIP OF PERTH SOUTH  
R.R. #7, ST. MARYS, ONTARIO  
CANADA, XX 34109 XX

## New Principal Place of Business:

2843 ROAD 134, TOWNSHIP OF PERTH SOUTH  
R.R. #7,  
ST. MARYS, CANADA, ON N4X 1C9

## Current Mailing Address:

2843 ROAD 134, TOWNSHIP OF PERTH SOUTH  
R.R. #7, ST. MARYS, ONTARIO  
CANADA, XX 34109 XX

## New Mailing Address:

2843 ROAD 134, TOWNSHIP OF PERTH SOUTH  
R.R. #7,  
ST. MARYS, CANADA, ON N4X 1C9

FEI Number: 74-3258285

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CONROY, THOMAS III  
2210 VANDERBILT BEACH ROAD, SUITE 1201  
NAPLES, FL 34109 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  
Name: MOUNTAIN, DAVID W  
Address: 2843 ROAD 134, TWNSHP OF PERTH SOUTH, RR 7  
City-St-Zip: ST. MARYS, CANADA, ON N4X 1C9

Title: MGR  
Name: MOUNTAIN, LENORA J  
Address: 2843 ROAD 134, TWNSHP OF PERTH SOUTH, RR 7  
City-St-Zip: ST. MARYS, CANADA, ON N4X 1C9

Title: MGR  
Name: MITCHELL, STEPHEN J  
Address: 2843 ROAD 134, TWNSHP OF PERTH SOUTH, RR 7  
City-St-Zip: ST. MARYS, CANADA, ON N4X 1C9

I hereby 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: DAVID W. MOUNTAIN

MR.

01/06/2012

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