2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02000002480

MAK MOUNTAIN ACCIDISITION COMPANY HOLDINGS LLC



FILED Jan 24, 2003 8:00 am Secretary of State

01-24-2003 90255 037 ****50.00

OAK MODIATAM ACCOUNTION CC					
Principal Place of Business	Mailing Address 2875 SOUTH OCEAN BLVD STE. 200-29 PALM BEACH FL 33480				
2875 SOUTH OCEAN BLVD., STE. 200-29 PALM BEACH FL 33480					
2. Principal Place of Business	3. Mailing Address	· · · · ·			

2875 SOUTH OCEAN BLVD STE. 200-29 PALM BEACH FL 33480		2875 SOUTH OCEAN BLVE PALM BEACH FL 33480	2875 SOUTH OCEAN BLVD., STE, 200-29 PALM BEACH FL 33480		12 11) (11 11	, I Bo ish Bo ish Bl a ic Alba i 1	8)() 88() (88)	
2. Principal Place of Business 3		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. FEI Number NOT APPECABLE Applied For Not Applicab			
Zip	Country	Zip	Country			\$E 00 Additional		
6. Name and Address of Current Registered Agent			· · · · · · · · · · · · · · · · · · ·	7. Name and Address of New Registered Agent				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Street A	Name Street Address (P.O. Box Number is Not Acceptable)					
			City			FL Zip Coo	le	
the obligati	e named entity submits this statement tions of registered agent. Signature, typed or printed name of registered age	ent and title if applicable. (NOT	TE: Registered Agent signa	ture required when reinstating)	poth, in the State of Florida.		and accept	
		Make Check Payab Du	ole to Florida De le By May 1, 200	•				
9.		IBERS/MANAGERS	10.		ADDITIONS/CHA	ANGES		
TITLE NAME STREET ADORESS CITY-ST-ZIP	MGRM AVERETT, JOHN 2875 SOUTH OCEAN BLVD., PALM BEACH FL 33480	☐ Delete STE. 200-29	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM McClure, M 2875 Sout Palm Beach	ike h Ocem Blvd. FL 33480	□ Change , Ste. 200	Addition >- 2¶	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM	Aymon h Öcean Blud	□ Change	Addition	
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TITLE NAME STREET ADDRESS CITY_ST_ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - 7IP			Change	☐ Addition	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

AUTHORIZED REPRESENTATIVE