2004 LIMITED LIA LITY COMPANY ANNUAL REPORT

DOCUMENT # M02000002957

1. Entity Name

Principal Place of Business

MISSOULA, MT 59807

SIGNATURE:

310 WEST SPRICE

ARCH CREEK INVESTMENTS, LLC



Mailing Address

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

P.O. BOX 8479

MISSOULA, MT 59807

FILED
Jan 15, 2004 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PŁATOCK, NEIL W ESQ 222 LAKEVIEW AVENUE, SUITE 800 WEST PALM BEACH, FL 33401

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. (N		(NOTE, Registered Agent signature required when reinstalicg) DATE
Filing Fee is \$50.00 Due by May 1, 2004		
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGR CHRISTIAN, BARBARA A 310 W. SPRUCE, P.O. BOX 8479 MISSOULA, MT 59807	UQQQQQQQS770
TITLE NAME STREET ADDRESS CITY-ST-ZIP		U10000005770 U1715704-80063-008 SD.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. Thereby 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.		