


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # M94000000108 1. Entity Name LCM II LTD. LIABILITY CO., LIMITED COMPANY	
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Principal Place of Business 24398 HWY 82 BASALT, CO 81621	Mailing Address P.O. BOX 620 BASALT, CO 81621
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 84-1229496	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HARDWICK, JAMES
% DUNES CLUB COMPANY
5472 FIRST COAST HWY, SUITE 13
AMELIA ISLAND, FL 32034

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>
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Filing Fee is \$50.00 Due by May 1, 2004	U00000042745 02/10/04-80037-004 50.00
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIGHT, JAMES W 24398 HWY 82 BASALT, CO 81621
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR LIGHT, DIANNE G 1501 ROSE SPUR SNOWMASS, CO 81654
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: 	Date: 2/4/04	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		