

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # M94000000108

1. Entity Name
LCM II LTD. LIABILITY CO., LIMITED COMPANY



Principal Place of Business

24398 HWY 82
BASALT, CO 81621

Mailing Address

P.O. BOX 620
BASALT, CO 81621

DO NOT WRITE IN THIS SPACE



02032005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

84-1229496

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

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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

**Filing Fee is \$50.00
Due by May 1, 2005**

000000229632

02/15/05-89906-817 50.00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

Date

Daytime Phone #

2/11/05 970-927-0847