## 2005 FOR PROFIT CORPORATION \_\_\_ANNUAL REPORT

## FILED Mar 03, 2005 08:00 AM Secretary of State

| ANNUAL_REPORT                   |   |  |                                   | Secretary of Stat       |                                  |                                       |                                |
|---------------------------------|---|--|-----------------------------------|-------------------------|----------------------------------|---------------------------------------|--------------------------------|
| DOCUMENT # P01000116461         |   |  |                                   |                         | 50                               | cicia                                 | iy oi Stat                     |
| 1. Entity Nar<br>MAMMO          | me<br>TH MOUNTAIN PROPERTIES                                |  |                                   |                         |                                  |                                       |                                |
|                                 |   |  |                                   |                         |                                  |                                       |                                |
| Principal Pia                   | ce of Business –  | Mailing Address  | <u> </u>                          | 1                       |                                  |                                       |                                |
| C/O DAVID                       | G. BUDD<br>RA DRIVE #201                                    | C/O DAVID G. BUDD<br>3033 RIVIERA DRIVE #201                             |                                   |                         |                                  |                                       |                                |
| NAPLES, FL                      |   | NAPLES, FL 34103   |                                   | <br>                    | ili vəliri malif sami sarnı darı | FI 11 <b>5</b> BL 178 B 2711          | BIDIN 61182 11618'87 11 1897   |
|                                 |   |  | <del></del>                       | .                       |                                  |                                       |                                |
|                                 |   | CE   | 02252005 No Chg-P CR2E034 (10/03) |                         |                                  |                                       |                                |
| Ε                               | OO NOT WRITE  |  | 4. FEI Numb                       | _ <del></del>           | ————                             | (10/03)                               |                                |
|                                 |   |  |                                   | 01-056                  |                                  |                                       | Not Applicable                 |
|                                 |   | to the second second   |                                   | 5. Certificate          | of Status Desired                |                                       | 8.75 Additional<br>ee Required |
|                                 | 6. Name and Address of Current Re                           | gistered Agent   |                                   |                         |                                  | <del>-</del>                          | <del></del>                    |
| BUDD, DA                        |   | ·  |                                   | DO                      | NOT W                            | RITE                                  |                                |
| SUITE 20                        |   |  |                                   |                         |                                  |                                       |                                |
| NAPLES,                         | FL 34103  |  |                                   | IIA                     | THIS SP                          | ACE                                   |                                |
| R The above                     | named entity submits this statement for the                 | e purpose of changing its register                                       | ed office or register             | od agost, or be         | oth in the State of Fla          | dala Lamba                            | Allian with and annual         |
| the obliga                      | tions of registered agent.                                  | o purpose or prioriging to registere                                     | sa office of register             | ed again, or be         |                                  | iida. Taiiitai                        | muai witii, and accept         |
| SIGNATURE.                      | Signature, typed or printed name of registered agent and    | d Agent signature required   | uhan rometnina)                   | <u> </u>                | DATE                             | · · · · · · · · · · · · · · · · · · · |                                |
|                                 | og dans, groot printed and a sign of age it in a            | <u> </u>   | ·                                 | with the figure of      | <del></del>                      | - UNIE                                | <del></del>                    |
|                                 | E NOW!!! FEE IS \$150.00<br>ay 1, 2005 Fee will be \$550.00 | <ol> <li>Election Campaign Finan<br/>Trust Fund Contribution.</li> </ol> |                                   | 00 May Be<br>ed to Fees |                                  |                                       |                                |
| 10.                             | OFFICERS AND DIF  | ECTORS   | J                                 |                         |                                  |                                       |                                |
| TITLE<br>NAME                   | VS<br>BUDD, DAVÍÐ G   |  | 1                                 |                         |                                  |                                       |                                |
| STREET ADDRESS                  | 3033 RIVIERA DRIVE #201                                     |  |                                   |                         |                                  |                                       |                                |
| CITY-ST-ZIP                     | NAPLES, FL 34103  |  |                                   |                         | •                                |                                       |                                |
| TITLE<br>NAME                   | STARMAN, SHELDON W  |  |                                   |                         | 0000002<br>03/04/05-8            | <i>5</i> 0490.                        | 12 105 20                      |
| STREET ADDRESS  <br>CITY-ST-ZIP | 4099 TAMIAMI TRAIL NORTH SUIT<br>NAPLES, FL 34103           | E 400  |                                   |                         | 03/04/03~0                       | )UU13-U                               | 10 100-10                      |
| TITLE                           | V   | <u> </u>   |                                   |                         |                                  |                                       |                                |
| NAME                            | DAVIS, JULIA M  |  |                                   |                         |                                  |                                       |                                |
| STREET ADDRESS  <br>City+ST-ZIP | 9201 W OLYMPIC BLVD STE 200<br>BEVERLY HILLS, CA 90212      | <del>-</del>   |                                   | DO                      | NOT W                            | RITE                                  |                                |
| TITLE                           | AS  |  |                                   | IN -                    | THIS SP                          | ACE                                   |                                |
| NAME<br>Street address          | LAPIN, DAVID A<br>9201 W OLYMPIC BLVD STE 200               |  |                                   | ***                     |                                  | - 1 V 1                               |                                |
| CITY-ST-ZIP                     | BEVERLY HILLS, CA 90212                                     |  |                                   |                         |                                  |                                       |                                |
| TITLE                           |   |  |                                   |                         |                                  |                                       |                                |
| NAME<br>STREET ADDRESS          |   |  |                                   |                         |                                  |                                       |                                |
| CITY-ST-ZIP                     |   |  |                                   |                         |                                  |                                       | •                              |

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/05

(239) 263-7700

Date

Daytime Phone #