## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## ANNUAL REPORT DOCUMENT # P01000116461

1. Entity Name

MAMMOTH MOUNTAIN PROPERTIES, INC.



Principal Place of Business

5551 RIDGEWOOD DR

SUITE 501 NAPLES, FL 34108 Mailing Address

5551 RIDGEWOOD DR SUITE 501

NAPLES, FL 34108

FILED Apr 30, 2008 08:00 AN Secretary of State



04252008

No Chg-P

CR2E034 (11/05)

4. FEI Number 01-0569380

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BUDD, DAVID G 5551 RIDGEWOOD DR SUITE 501 NAPLES, FL 34108

## DO NOT WRITE IN THIS SPACE

|  |   |  | 1 |                                |   |
|--|---|--|---|--------------------------------|---|
| 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)  OATE   |   |  |   |                                |   |
| Signature Typed or brinded nature or redistrates and state and sta |   |  |   |                                |   |
| FILE NOWIII FEE IS \$150.00<br>After May 1, 2008 Fee will be \$550.00  |   | Election Campaign Fina<br>Trust Fund Contribution. |   | \$5.00 May Be<br>Added to Fees | 100000938252<br>05/27/08-20092-007-158-75 |
| 10.  | OFFICERS AND DIREC  | CTORS  |   |                                | DOLE 1.00 00000 001 1001 10               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VS<br>BUDD. DAVID G<br>5551 RIDGEWOOD SUITE 501<br>NAPLES, FL 34108                 |  |   |                                |   |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PTD<br>STARMAN, SHELDON W<br>4099 TAMIAMI TRAIL NORTH SUITE 400<br>NAPLES, FL 34103 |  |   |                                |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | V<br>DAVIS, JULIA M<br>9201 W OLYMPIC BLVD STE 200<br>BEVERLY HILLS, CA 90212       |  |   | DO NOT WRITE<br>IN THIS SPACE  |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | AS<br>LAPIN, DAVID A<br>9201 W OLYMPIC BLVD STE 200<br>BEVERLY HILLS, CA 90212      |  |   |                                |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  |   | £                              |   |
| Trile<br>NAME  |   |  |   |                                | <i>,</i> •                                |

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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:

STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-08

239514 100

Daytime Phone #

DAVID G BUDD, VICE PRESIDENT