2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000116461

LAPIN, DAVID A

9201 W OLYMPIC BLVD STE 200

BEVERLY HILLS, CA 90212

Name:

Address:

City-St-Zip:

FILED Apr 28, 2009 Secretary of State

Entity Nan	ne: MAMMC	TH MOUNTAIN PROPERTIES,	INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
5551 RIDG SUITE 501 NAPLES, F	EWOOD DR FL 34108						
Current Ma	ailing Addre	ss:	New Maili	New Mailing Address:			
5551 RIDG SUITE 501 NAPLES, F	EWOOD DR FL 34108						
FEI Number:	01-0569380	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired (X)		
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
BUDD, DAVID G 5551 RIDGEWOOD DR SUITE 501 NAPLES, FL 34108 US			2375 TAMI SUITE 110	STARMAN, SHELDON W 2375 TAMIAMI TRAIL NORTH SUITE 110 NAPLES, FL 34103 US			
The above in the State	named entity of Florida.	submits this statement for the pu	urpose of changing i	ts registered	d office or registered agent, or both,		
SIGNATUR	RE: SHELDO	ON W STARMAN		04/28/2009			
	Electro	nic Signature of Registered Age	nt		Date		
Election Can	npaign Financir	ng Trust Fund Contribution ().					
OFFICERS	AND DIREC	CTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	BUDD, DAVID	OOD SUITE 501	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	STARMAN, SH	TRAIL NORTH SUITE 400	Title: Name: Address: City-St-Zip:	STARMAN, S	MI TRAIL NORTH SUITE 110		
Title: Name: Address: City-St-Zip:	DAVIS, JULIA	IPIC BLVD STE 200	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title:	AS () Delete	Title:		() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: DAVID G BUDD V 04/28/2009