


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90150 032 ****50.00

DOCUMENT # L04000094311

1. Entity Name
 2059 EAST TRAIL, LLC



Principal Place of Business
 1000 ADMIRALTY PARADE
 NAPLES, FL 34102

Mailing Address
 1000 ADMIRALTY PARADE
 NAPLES, FL 34102

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01122006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2296853	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BRENNAN, MANNA & DIAMOND, P.L.
 3301 BONITA BEACH ROAD
 SUITE 202
 BONITA SPRINGS, FL 34134

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR YUNKER, BRYANT JR. 1000 ADMIRALTY PARADE NAPLES, FL 34102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *X BT* _____ Date _____ Daytime Phone # *(212) 509-3525*

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

ATTACHMENT
2000379
#L0400094311
JAD CONSULTING, LLC
61 BROADWAY - SUITE 1710
NEW YORK, NY 10006

TEL # (212) 509-3525
FAX # (212) 509-3527

JOSEPH DE MAIO
E-MAIL: JDEMAIO@JADLLC.COM

January 23, 2006

**PLEASE RECEIPT &
RETURN THIS COPY**

via Certified Mail - Return Receipt Requested

Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

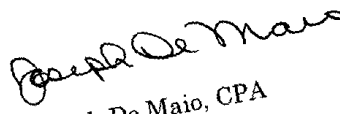
Dear Sir or Madam:

Enclosed please find the 2006 *Limited Liability Company Annual Report* for the entities listed below and checks representing the filing fees.

<u>Entity Name</u>	<u>Payment Enclosed</u>
2 3/8 LLC	\$50
4 3/4 LLC	50
9 1/2 LLC	50
2059 East Trail LLC	50

Please acknowledge receipt of the enclosed material by stamping the copy of this letter and returning it to me in the enclosed postage-paid envelope.

Very truly yours,


Joseph De Maio, CPA
President

JD/sr
Encl.

CERTIFIED # 7005 0390 0003 8933 7258