2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000000836

1. Entity Name

TRAILS OF WEST FRISCO LLC



FILED
Apr 23, 2007 08:00 AM
Secretary of State

Principal Place of Business

255 ALHAMBRA CIRCLE, SUITE 312 C/O SOUTHSTAR DEVELOPMENT PARTNERS, INC. MIAMI, FL 33134 Mailing Address

255 ALHAMBRA CIRCLE, SUITE 312 C/O SOUTHSTAR DEVELOPMENT PARTNERS, INC MIAMI, FL 33134



02052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

| LANGLEY, MARCIA H 2255 GLADES ROAD, SUITE 419 ATRIUM ONE BOCA PLACE BOCA RATON, FL 33431 | | DO NOT WRITE IN THIS SPACE |
|--|---|---|
| | named entity submits this statement for the purpose of changing its lions of registered agent. | registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept |
| SIGNATURE. | Signature, typed or printed name of registered agent and fille if approache. (NOT | E Registered Agent signature required when reinstating) DATE |
| Fi D | lling Fee is \$50.00 ue by May 1, 2007 | |
| 9. | MANAGING MEMBERS/MANAGERS | |
| NAME STREET ADDRESS CITY-ST-ZIP | P SOUTHSTAR DEVELOPMENT PATRNERS INC. 255 ALHAMBRA CIRCLE SUITE 325 CORAL GABLES, FL 33134 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | IN THIS SPACE |
| THLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 000000724367 05/02/07-80109-004 50.00 |
| 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 |

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 repeiver or rustee-empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBI

NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

4-17-07

305-446-1250

Date

Daytime Phone