2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000000836

1. Entity Name

TRAILS OF WEST FRISCO LLC

Principal Place of Business

SIGNATURE:

Mailing Address

255 ALHAMBRA CIRCLE, SUITE 312 C/O SOUTHSTAR DEVELOPMENT PARTNERS, INC. MIAMI, FL 33134 255 ALHAMBRA CIRCLE, SUITE 312 C/O SOUTHSTAR DEVELOPMENT PARTNERS, INC. MIAMI, FL 33134 FILED Apr 21, 2008 08:00 AN Secretary of State



04152008 No Chg-LLC

CR2E083 (12/07)

305-476-1515

Daytime Phone #

16-08

Date

, FEI Number	El Number		Tybbileg Loi
NOT APPLICABLE			Not Applicable
i. Certificate of Status Desired		\$5.00 Fee Re	Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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

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 chang ions of registered agent.	ging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acc	;ept
SIGNATURE.	Signature, typed or printed name of registered agent and tale if applicable	(NOTE: Registered Agent signature required when reinstating) DATE	
FILE After May	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75	100000913447 05/08/0 8 -80016-016 138.1	75
9.	MANAGING MEMBERS/MANAGERS		_
TITLE 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		i. i.	
indicated	certify that the information supplied with this filing does not queen this report is true and accurate and that my signature shability company or the receiver or trustee empoyered to execute the company or the receiver or trustee empoyered to execute the company or the receiver or trustee empoyered to execute the company or the receiver of the company of the c	ualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informati all have the same legal effect as if made under oath; that I am a managing member or manager of t ute this report as required by Chapter 608, Florida Statutes.	on he