## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L01000006431**

1. Entity Name

NORTH TRAIL DEVELOPMENTS, LLC



Principal Place of Business

Mailing Address

2040 WHITFIELD AVENUE SARASOTA, FL 34243

2040 WHITFIELD AVENUE SARASOTA, FL 34243

## FILED May 02, 2007 8:00 am Secretary of State

05-02-2007 90355 002 \*\*\*\*50.00

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04202007 No Chg-LLC

CR2E083 (11/05)

5 Certificate of Status Desired	 \$5.0	0 Additional
NOT APPLICABLE	ſ	Not Applicabl
4. FEI Number	 	Applied For
4 FEI Number	 	Applied For

Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

MIDDLEBROOKS, J. HUGH 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

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					
JIGITATORE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE				
Filing Fee is \$50.00 Due by May 1, 2007					
9.	MANAGING MEMBERS/MANAGERS				
TITLE .	MGR				
NAME -	ROSKAMP, ROBERT				
STREET ADORESS	2040 WHITFIELD AVENUE				
CITY-ST-ZIP	SARASOTA, FL 34243				
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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					
The receipt centry that the information supplied with this ming does not quality toyane exemptions contained in Chapter 119, Florida Statutes. I former 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.

Robert G. Rostang

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

Daytime Phone #