

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000019327

1. Entity Name:
OLD TRAIL 24 LLC



Principal Place of Business
1200 SOUTHEAST RANCH ROAD
JUPITER, FL 33478

Mailing Address
1200 SOUTHEAST RANCH ROAD
JUPITER, FL 33478



01192007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0549075

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

AXMAN, MICHAEL B
2601 S. BAYSHORE DR., STE. 1600
MIAMI, FL 33133

**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 _____

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 MGRM
NAME PHAL, CATHERINE
STREET ADDRESS 1200 SOUTHEAST RANCH ROAD
CITY-ST-ZIP JUPITER, FL 33478

TITLE MGRM
NAME PHAL, NORBERT
STREET ADDRESS 1200 SOUTHEAST RANCH ROAD
CITY-ST-ZIP JUPITER, FL 33478

TITLE MGRM
NAME NPA INDUSTRIE CORPORATION
STREET ADDRESS 1200 SOUTHEAST RANCH ROAD
CITY-ST-ZIP JUPITER, FL 33478

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

U00000604648
01/30/07-80004-015 50.00

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IN THIS SPACE**

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: _____

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

Date

Daytime Phone #