


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000019831 1. Entity Name SOUTH TRAIL, LLC	
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Principal Place of Business 4933 TAMAMI TRAIL NORTH, SUITE 300 NAPLES, FL 34103	Mailing Address 4933 TAMAMI TRAIL NORTH, SUITE 300 NAPLES, FL 34103
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01312006No Chg-LLC

CRZE083 (11/05)

4. FEI Number 59-3759320	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GARLICK, THOMAS B 5551 RIDGEWOOD DRIVE, SUITE 101 NAPLES, FL 34108	DO NOT WRITE IN THIS SPACE
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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 _____

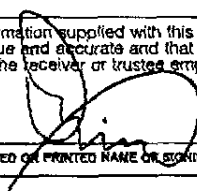
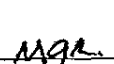
**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARRETT, DONALD F 4933 TAMAMI TRAIL NORTH, SUITE 300 NAPLES, FL 34103
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05/12/06-80062-013 55.00

**DO NOT WRITE
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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 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 606, Florida Statutes.

SIGNATURE:   **4.27.06 239.643.2900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #