## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L01000019831** 

1. Entity Name SOUTH TRAIL, LLC



May 01, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

4933 TAMIAMI TRAIL NORTH, SUITE 300 NAPLES, FL 34103

4933 TAMIAMI TRAIL NORTH, SUITE 300 NAPLES, FL 34103



04302008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number		Applied For
	59-3759320		Not Applicable
5.	Certificate of Status Desired	\$5.00 Fee Rec	Additional

## DO NOT WRITE IN THIS SPACE

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

<ol><li>The above named entity submits this statement for the purpose of ch the obligations of registered agent.</li></ol>	nanging its registered office or registered agent, or both, i	n the State of Florida. I am familiar with, and accept
SIGNATURE	,	
Signature, typed or printed name of registered agent and little if applicable.	(NOTE Registered Agent signature required when reinstating)	Чородори <b>98%</b> о

FILE NOW!!! FEE IS \$138.78 After May 1, 2008 Fee will be \$538.75 

9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
NAME	GARRETT, DONALD F			
STREET ADDRESS	4933 TAMIAMI TRAIL NORTH, SUITE 300			
CITY-ST-ZIP	NAPLES, FL 34103			
TITLE	•			
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CITY-ST-ZIP				
11. I hereby certify that the information supplied with this filing does not qualify for the e indicated on this report is true and accurate and that my signature shall have the sa				

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information subplied 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

URE: M.M.
SIGNATURE AND TYPED OR RINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

04.30.08

239.613-2900

Daytime Phone #