~2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000018247

1. Entity Name

JOSH'S TRAIL LLC



Principal Place of Business

C/O LEDER GROUP INVESTMENT PROPERTIES

6530 W ROGERS CIR, STE 31 BOCA RATON, FL 33487

Mailing Address

C/O LEDER GROUP INVESTMENT PROPERTIES 6530 W ROGERS CIR, STE 31

BOCA RATON, FL 33487

FILED Apr 22, 2004 08:00 AM Secretary of State



02112004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 06-1645658

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DANIELS, NICHOLAS M ESQ THERREL BAISDEN, P.A. SUNTRUST INT'L CTR, 1 SE 3RD AVE STE 2400 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of charities of registered agent.	anging its registered office or registered agent, or both	s, in the State of Florida. I am familiar with, and accept
SIGNATURE_			<u></u>
	Signature, typed or printed name of registered agent and title if applicable	(DOISELEGE Agent signature required when reinstaling)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2004		U00000124846 04/22/04-80061-014-50_08
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR	-	
NAME	STJ MANAGEMENT, INC.		
CTDEET ADDRESS	6530 W ROGERS CIR SHITE 31		

CITY-57-23P BOCA RATON, FL 33487 NAME STREET ADDRESS CITY - 57 - ZIP 3.1717 NAME STREET ADDRESS CHTY - 57 - ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY-ST- ZP THEE

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

NAME STREET ADDRESS CITY-ST-ZIP

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