

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90073 038 ***138.75

60010768



02062008 Chg-LLC CR2E083 (12/06)

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		
2. Principal Place of Business - No P.O. Box # 4755 Technology Way Ste. 202 Boca Raton, FL 33431-3338		3. Mailing Address 4755 Technology Way Ste. 202 Boca Raton, FL 33431-3338		4. FEI Number 06-1645658	
Zip 33431		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DANIELS, NICHOLAS M ESQ THERREL BAISDEN, P.A. SUNTRUST INTL CTR, 1 SE 3RD AVE STE 2400 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STJ MANAGEMENT, INC. 6530 W. ROGERS CIR. SUITE 31 BOCA RATON, FL 33487			TITLE NAME STREET ADDRESS CITY - ST - ZIP	4755 Technology Way Ste. 202 Boca Raton, FL 33431-3338
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Sean Leder 2/14/08 561-995-7878					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____					