

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90287 008 \*\*\*150.00

<b>DOCUMENT # L03000005100</b> 1. Entity Name <b>SOUTH TRAIL VILLAGE, L.L.C.</b>					
Principal Place of Business <b>46 N. WASHINGTON BLVD. #1 SARASOTA, FL 34236</b>			Mailing Address <b>46 N. WASHINGTON BLVD. #1 SARASOTA, FL 34236</b>		
2. Principal Place of Business <b>550 HARBOR POINT ROAD</b> Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State <b>LONGBOAT KEY, FL</b>			City & State		
Zip <b>34228</b>		Country		4. FEI Number 04062004 Chg-LLC CR2E083 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>PATTERSON, JOHN 46 N. WASHINGTON BLVD. #1 SARASOTA, FL 34236</b>			7. Name and Address of New Registered Agent Name <b>LPS-CORPORATE SERVICES, INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>46 N. WASHINGTON BLVD. SUITE 1</b> City <b>SARASOTA</b> FL Zip Code <b>34236</b>		
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 <u><i>[Signature]</i></u> DATE <u>4/6/04</u> BY: <b>E. ZACHARY RANS, its Vice President</b>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u><i>[Signature]</i></u>			(941) 387-9172		
BY: <b>MARTIN WATSON, as President of Westwood Management of Florida, Inc.</b>					