
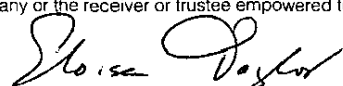


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90110 014 \*\*\*\*50.00

|   |  |                                 |   |   |   |
|---|--|---------------------------------|---|---|---|
| <b>DOCUMENT # L03000028175</b><br>1. Entity Name<br><b>OAK TRAIL ASSOCIATES, LLC</b>  |  |                                 |   |                                      |   |
| Principal Place of Business<br><b>7318 SR 52<br/>HUDSON FL 34667<br/>US.</b>  |  |                                 | Mailing Address<br><b>7318 SR 52<br/>HUDSON FL 34667<br/>US</b> |   |   |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |  |                                 | 3. Mailing Address<br><br>Suite, Apt. #, etc.                   |   |   |
| City & State  |  |                                 | City & State  |   |   |
| Zip   |  | Country                         |   | 4. FEI Number<br><b>13-4259526</b>  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |                                 |   | Applied For<br>Not Applicable   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>TAYLOR, ELOISE<br/>7318 SR 52<br/>HUDSON FL 34667</b>   |  |                                 |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |   |
| 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.   |  |                                 |   | \$5.00 Additional Fee Required  |   |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |                                 |   |   |   |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2004</b>  |  |                                 |   |   |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |                                 | <b>10. ADDITIONS/CHANGES</b>                                    |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>TAYLOR, ELOISE<br>7318 SR 52<br>HUDSON FL 34667                    | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>MORRIS, SALLY A<br>7316 SR 52<br>HUDSON FL 34667                   | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>BENNETT, WILLIAM B<br>5106 LIMESTONE DR.<br>PORT RICHEY FL 34668   | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>BENNETT, CONSTANCE H<br>5106 LIMESTONE DR.<br>PORT RICHEY FL 34668 | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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. |  |                                 |   |   |   |
| <b>SIGNATURE:</b>  <b>ELOISE TAYLOR</b> <b>1-24-04</b> <b>727-863-0644</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>  |  |                                 |   |   |   |



MOORE CR2E083 (11/03)