

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028175

FILED
Feb 25, 2009
Secretary of State

Entity Name: OAK TRAIL ASSOCIATES, LLC

Current Principal Place of Business:

7318 SR 52
HUDSON, FL 34667 US

New Principal Place of Business:

Current Mailing Address:

7318 SR 52
HUDSON, FL 34667 US

New Mailing Address:

FEI Number: 13-4259526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, ELOISE
7318 SR 52
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TAYLOR, ELOISE
Address: 7318 SR 52
City-St-Zip: HUDSON, FL 34667 US

Title: MGRM () Delete
Name: MORRIS, SALLY A
Address: 7316 SR 52
City-St-Zip: HUDSON, FL 34667 US

Title: MGRM () Delete
Name: BENNETT, WILLIAM B
Address: 5106 LIMESTONE DR.
City-St-Zip: PORT RICHEY, FL 34668 US

Title: MGRM () Delete
Name: BENNETT, CONSTANCE H
Address: 5106 LIMESTONE DR.
City-St-Zip: PORT RICHEY, FL 34668 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ELOISE TAYLOR

MGM

02/25/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date