

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000028175

**FILED**  
**Mar 17, 2011**  
**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  
**Name:** TAYLOR, ELOISE  
**Address:** 7318 SR 52  
**City-St-Zip:** HUDSON, FL 34667 US

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

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

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

I hereby 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

MGRM

03/17/2011

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