

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000020969

Entity Name: NORTH TRAIL, LLC

FILED  
Apr 09, 2009  
Secretary of State

**Current Principal Place of Business:**

150 TUPELO ROAD  
NAPLES, FL 34108

**New Principal Place of Business:**

**Current Mailing Address:**

150 TUPELO ROAD  
NAPLES, FL 34108

**New Mailing Address:**

FEI Number: 80-0111943

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARLICK, THOMAS B ESQ.  
5551 RIDGEWOOD DRIVE, SUITE 101  
NAPLES, FL 34108 US

**Name and Address of New Registered Agent:**

GARLICK, THOMAS B ESQ.  
9115 CORSEA DEL FONTANA WAY  
SUITE # 100  
NAPLES, FL 34109 US

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:

04/09/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GARRETT, DONALD F  
Address: 150 TUPELO ROAD  
City-St-Zip: NAPLES, FL 34108

Title: MGRM ( ) Delete  
Name: GILBERT, BRUCE  
Address: 3879 MIDSHORE DR  
City-St-Zip: NAPLES, FL 34109

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: GILBERT, BRUCE  
Address: 49334933 NORTH TAMIAMI TRAIL, SUITE # 300  
City-St-Zip: NAPLES, FL 34103

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: DONALD F. GARRETT

MGR

04/09/2009

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