

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032687

FILED
Apr 27, 2008
Secretary of State

Entity Name: OLD TRAIL PARTNERS, LLC

Current Principal Place of Business:

30959 SUTTERS HILL CT.
FARMINGTON HILLS, MI 48331

New Principal Place of Business:

Current Mailing Address:

30959 SUTTERS HILL CT.
FARMINGTON HILLS, MI 48331

New Mailing Address:

FEI Number: 20-1079233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOODY, JONES & MONTEFUSCO, P.A.
1333 S. UNIVERSITY DRIVE, SUITE 201
PLANTATON, FL 33324 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: GRIFFITH, GARY L MR.
Address: 30959 SUTTERSHILL CT.
City-St-Zip: FARMINGTON HILLS, MI 48331 US

Title: MGR () Delete
Name: TATA, FRANK L MR.
Address: 15799 SAN ANTONIO CT
City-St-Zip: FORT MYERS, FL 33908 US

Title: MGR () Delete
Name: COTTONE, SALVATORE MR.
Address: 455 TWIN LAKES DR. SUITE 100
City-St-Zip: OAKLAND, MI 48363 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:

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: GARY GRIFFITH

MMBR

04/27/2008

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