2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# L04000043945

Entity Name: 252 TRAILS DEVELOPMENT, LLC

Current Principal Place of Business:

111 WEST ROBINSON STREET
ORLANDO, FL 32801 US

New Principal Place of Business:

870 SUNSHINE LANE
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

111 WEST ROBINSON STREET
ORLANDO, FL 32801 US

New Mailing Address:

870 SUNSHINE LANE
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 20-1513378 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BREWER & SEARL, PA
400 WEST CHURCH STREET
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

JASON W. SEARL, P.A.
1518 MOUNT VERNON STREET
ORLANDO, FL 32803 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: JASON W. SEARL 04/13/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: NICHOLSON, ANTHONY J
Address: 111 WEST ROBINSON STREET
City-St-Zip: ORLANDO, FL 32801 US

Title: MGRM ( ) Delete
Name: HAGEN, TERRY D
Address: 1100 TOWN PLAZA COURT, STE. 1000
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: MGRM ( ) Delete
Name: HAGEN, DEBORAH D
Address: 1100 TOWN PLAZA COURT, STE 1000
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: MGRM ( ) Delete
Name: BERCON CORP.,
Address: 7031 GRAND NATIONAL DR., STE. 106B
City-St-Zip: ORLANDO, FL 32819 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: NICHOLSON, ANTHONY J
Address: 870 SUNSHINE LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: MGRM (X) Change ( ) Addition
Name: HAGEN, TERRY D
Address: 950 SOUTH WINTER PARK DRIVE, SUITE 350
City-St-Zip: CASSELBERRY, FL 32707 US

Title: MGRM (X) Change ( ) Addition
Name: HAGEN, DEBORAH D
Address: 950 SOUTH WINTER PARK DRIVE, SUITE 350
City-St-Zip: CASSELBERRY, FL 32707 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DEBORAH D HAGEN MGRM 04/13/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date