2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 20, 2006 08:00 AM Secretary of State

DOCU	MENT	# L	.0400	3004	9257
	VIL. 1 1 1				

1. Entity Name FOOTMAN TRAIL, LLC



Principal Place of Business

122 EAST TILLMAN AVENUE LAKE WALES, FL 33853 Mailing Address

122 EAST TILLMAN AVENUE LAKE WALES, FL 33853



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 20-1313835 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER, JOHN R 122 EAST TILLMAN AVENUE LAKE WALES, FL 33853

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chan ions of registered agent.	ging its registered office or registered agent, or bo	lk, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and little if applicable	(ROTE Registered Agent signature required when reinstating)	DATE	
	iling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STRILL I ADORESS CITY-ST-ZIP	MGR ALEXANDER, JOHN R 122 EAST TILLMAN AVENUE LAKE WALES, FL 33853		000000439679 03/02/06-80009-016 55.00	
title name street address city-st- <i>e</i> dp	MGR ALEXANDER, J D 122 EAST TILLMAN AVE LAKE WALES, FL 33853			
THE NAME STREET ADDRESS CITY -ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET AODRESS CHY-ST-ZIP		IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CATY-SX-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby of indicated limited lia	certify that the information supplied with this filing does not on this report is true and accurate and that my signature shalling company or the receivern trusted empowered to execute the company of the receivern trusted empowered to execute the company of the receivern trusted empowered to execute the company of the receivern trusted empowered to execute the company of the receivern trusted empowered to execute the company of the compa	qualify for the exemptions contained in Chapter 1 lall have the same legal effect as if made under o cute this report as required by Chapter 608, Floric	 Florida Statutes I further certify that the information ath; that I am a managing member or manager of the la Statutes. 	