
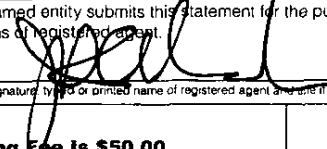
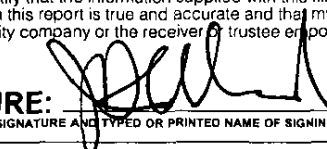


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90112 004 ****55.00

DOCUMENT # L04000049257 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 1318			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Lake Wales, FL 33		4. FEI Number 20-1313835	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
33853-1318		U.S.A.		01102007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent ALEXANDER, JOHN R 122 EAST TILLMAN AVENUE LAKE WALES, FL 33853				7. Name and Address of New Registered Agent Name Alexander, JD Street Address (P.O. Box Number is Not Acceptable) 122 East Tillman Avenue City Lake Wales FL Zip Code 33853	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  JD Alexander, Manager DATE 1-25-07 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALEXANDER, JOHN R 122 EAST TILLMAN AVENUE LAKE WALES, FL 33853 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALEXANDER, J D 122 EAST TILLMAN AVE LAKE WALES, FL 33853 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  JD Alexander, Manager <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date 1-25-07 Daytime Phone # 863 679 9595	

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