


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2007 8:00 am
Secretary of State

05-22-2007 90178 022 ****50.00

DOCUMENT # L04000059609 1. Entity Name WEKIVA TRAILS, LLC					
Principal Place of Business 101 TIMBERLACHEN CIRCLE SUITE 202 LAKE MARY, FL 32746			Mailing Address PO BOX 952259 LAKE MARY, FL 32795		
2. Principal Place of Business - No P.O. Box # 22144 SR 46		3. Mailing Address 22144 SR 46			
Suite, Apt. #, etc. <i>To Champion Group of Companies</i>		Suite, Apt. #, etc. <i>To Champion Group of Companies</i>			
City & State Sebring FL		City & State Sebring FL			
Zip 32776		Country US		Zip 32776	
Country US		4. FEI Number 20-1528441			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CHAMPION, BENJAMIN L 101 TIMBERLACHEN CIRCLE SUITE 202 LAKE MARY, FL 32746			7. Name and Address of New Registered Agent Name Florida Territorial Land Company Street Address (P.O. Box Number is Not Acceptable) 101 Timberlachen Circle - Suite 202 City Lake Mary FL Zip Code 32746		
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 <u><i>Benjamin L. Champion</i></u> President <i>For: Florida Territorial Land Company</i> (NOTE: Registered Agent signature required when reinstating) DATE 4-30-07					
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	MGRM <input type="checkbox"/> Delete BENJAMIN CHAMPION, TRUSTEE UTA DTD 5/23/00 PO BOX 952259 LAKE MARY, FL 32795		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete C. J. CHAMPION, SR, TRUSTEE UTA DTD 8/5/04 PO BOX 952259 LAKE MARY, FL 32795		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: <u><i>Benjamin L. Champion</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4-30-07 (407) 330-2120 Daytime Phone #		