

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000059609**

1. Entity Name  
**WEKIVA TRAILS, LLC**



Principal Place of Business  
**22144 SR 46  
C/O CHAMPION GROUP OF COMPANIES  
SORRENTO, FL 32776**

Mailing Address  
**22144 SR 46  
C/O CHAMPION GROUP OF COMPANIES  
SORRENTO, FL 32776**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05012008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

**20-1528441**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORIDA TERRITORIAL LAND COMPANY  
101 TIMBERLACHEN CIRCLE  
SUITE 202  
LAKE MARY, FL 32746**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
BENJAMIN CHAMPION, TRUSTEE UTA DTD 5/23/00  
PO BOX 952259  
LAKE MARY, FL 32795**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**U000000947866 Change  
06/02/08-80032-008 138.75**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
C. J. CHAMPION, SR, TRUSTEE UTA DTD 8/5/04  
PO BOX 952259  
LAKE MARY, FL 32795**

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**5/1/08**

Date

**407 370-2120**

Daytime Phone #