

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000060276  
1. Entity Name  
14111 MILITARY TRAIL, LLC



Principal Place of Business 5558 N. OCEAN BLVD. OCEAN RIDGE, FL 33435	Mailing Address 6917 ARLINGTON ROAD SUITE 214 BETHESDA, MD 20814
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04082006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1515311	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
YESKEL, PETER K  
5558 N. OCEAN BLVD.  
OCEAN RIDGE, FL 33435

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

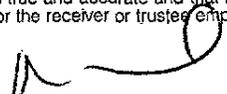
**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YESKEL, PETER K 5558 N. OCEAN BLVD. OCEAN RIDGE, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000520272  
05/02/06-80087-014 50.00

**DO NOT WRITE IN THIS SPACE**

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:  DATE: 4-12-06 DAYTIME PHONE #: 301-652-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #