

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065404

Entity Name: 15791 QUAIL TRAIL, LLC

FILED  
Apr 29, 2008  
Secretary of State

**Current Principal Place of Business:**

4353 MICHIGAN LINK  
FORT MYERS, FL 33916

**New Principal Place of Business:**

**Current Mailing Address:**

4353 MICHIGAN LINK  
FORT MYERS, FL 33916

**New Mailing Address:**

FEI Number: 20-1565184

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAUTHEN, JOHN  
4353 MICHIGAN LINK  
FORT MYERS, FL 33916 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CAUTHEN, JOHN  
Address: 4353 MICHIGAN LINK  
City-St-Zip: FORT MYERS, FL 33916

Title: MGR ( ) Delete  
Name: STOKES, JULIAN  
Address: 4795 ENTERPRISE AVENUE  
City-St-Zip: NAPLES, FL 34104

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: STOKES, DEBBIE  
Address: 4795 ENTERPRISE AVENUE  
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN CAUTHEN

MGR

04/29/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date