

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000073455

1. Entity Name
TRAILS POINTE, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB -6 AM 9:59

Principal Place of Business
2999 NE 191ST STREET
PH-8
AVENTURA, FL 33180

Mailing Address
2999 NE 191ST STREET
PH-8
AVENTURA, FL 33180



01242007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1761979

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRISALES-RACINI, OSCAR PA
2999 NE 191ST STREET PH-8
AVENTURA, FL 33180

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PERCHIK, ELIAS
2999 NE 191ST STREET PH-8
AVENTURA, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
USANDIZAGA, GUSTAVO
2999 NE 191ST STREET PH-8
AVENTURA, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PINTAR, ERIC
2999 NE 191ST STREET PH-8
AVENTURA, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900087735839
02/09/07--01041--015 **1000.00

**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:

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

Date

Daytime Phone #

1/30/07 (305) 792-4811