2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L05000063529

1. Entity Name 11825 NORTH TRAIL, LLC



FILED Jan 11, 2007 08:00 AM Secretary of State

Principal Place of Business

2202 N. WEST SHORE BOULEVARD

SUITE 200

TAMPA, FL 33607 US

Mailing Address

2202 N. WEST SHORE BOULEVARD

SUITE 200

TAMPA, FL 33607 L



01052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-4254317

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

EICHOLTZ, KIRK D 2202 N. WEST SHORE BOULEVARD SUITE 200 TAMPA, FL 33607

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| The above named entity submits his statute into the purpose of chathe obligations of registered agent. | anging its registered office or registered agent, or both, in the S | tate of Florida. I am familiar with, and accept |
|--|---|---|
| the obligations of registered agest | 1 | 1-5-07 |
| SIGNATURE Signature, typed organized name of regigned agent and title it applicable | (NOTE: Registered Agent signature required when reinstating) | DATE |
| Filling Fee is \$50.00 Due by May 1, 2007 | | - |

| 9. | MANAGING MEMBERS/MANAGERS |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CHRISTIAN TYLER PROPERTIES, LLC 2202 N. WEST SHORE BOULEVARD, SUITE 200 TAMPA, FL 33607 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS | |

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11. I hereby certify that the information supplies with this thing 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 occurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or trusted improvered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRIVATED NAME OF SIGNING MANAZING MEMBER, OR AUTHORIZED REPRESENTATIVE

1507

813-639-7583

Daytime Phone #