ANNUAL REPORT

DOCUMENT # L05000080406

1. Entity Name TRANQUILITY TRAIL LAKE LURE, LLC



Jan 1

Principal Place of Business 210 UTOPIA CIRCLE MERRITT ISLAND, FL 32952 Mailing Address 210 UTOPIA CIRCLE MERRITT ISLAND, FL. 32952

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6. Name and Address of Current Registered Agent

(1961 94111 82113 MINIT MAISA ASSES 311 1661
072007 No Chg-LLC	CR2E083 (11/05)

Applied For 4. FEI Nimbe 20-3306127 Not Applicable \$5.00 Additional 5. Certificate of Status Desired

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COLEMAN, C RANDOLPH 9250 BAYMEADOWS ROAD, STE 450 JACKSONVILLE, FL 32256

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 famillar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title li applicable. (NOTE: Registered Agent aignature required when reinstating) DATE

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

MANAGING MEMBERS/MANAGERS 9, TITLE MGR MANN, NANCY NAME 210 UTOPIA CIRCLE STREET ADDRESS MERRITT ISLAND, FL 32952 CHTY-ST-ZE TITLE NAME STREET ADDRESS CITY-ST-ZP mr STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP mlE NAME STREET ADDRESS CITY-ST-ZIP

1100000586170 01/16/07-80042-017 50.00

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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 508, Florida Statutes.

C. West J Inted name of bigning managing member, or authorized representative SIGNATURE: _

1/08/07

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