

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000095297

Entity Name: STERLING TRAILS, LLC

FILED  
Jan 23, 2008  
Secretary of State

**Current Principal Place of Business:**

609 EAST JACKSON STREET, SUITE 100  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

609 EAST JACKSON STREET, SUITE 100  
TAMPA, FL 33602

**New Mailing Address:**

FEI Number: 20-3567211

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WHITE, RONALD C ESQ.  
5348 FIRST AVENUE NORTH  
ST. PETERSBURG, FL 33710 US

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

JACOB D. BURKETT, CPA, PLLC  
5960 CENTRAL AVENUE  
SUITE H  
ST. PETERSBURG, FL 33707 US

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: JACOB D. BURKETT, CPA

01/23/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PITISCI, D. LEE  
Address: 609 EAST JACKSON STREET, SUITE 100  
City-St-Zip: TAMPA, FL 33602

Title: MGRM ( ) Delete  
Name: LAYTON, NEIL  
Address: 602 RIVIERA DRIVE  
City-St-Zip: TAMPA, FL 33606

**ADDITIONS/CHANGES:**

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

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

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: D. LEE PITISCI

MGRM

01/23/2008

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