

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000022254

FILED
Jun 02, 2009
Secretary of State

Entity Name: ISLET TRAIL LLC

Current Principal Place of Business:

3863 RED ROOT ROAD
LAKE ORION, MI 48360

New Principal Place of Business:

Current Mailing Address:

3863 RED ROOT ROAD
LAKE ORION, MI 48360

New Mailing Address:

FEI Number: 65-1286616 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GOLDSTEIN, STUART A ESQ.
LAW OFFICES OF GOLDSTEIN & SORDO
9350 SOUTH DIXIE HWY., 10TH FLOOR
MIAMI, FL 33156 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEMANSKI, TERESA
Address: 3863 RED ROOT ROAD
City-St-Zip: LAKE ORION, MI 48360

Title: MGR () Delete
Name: LEMANSKI, JEFF
Address: 3863 RED ROOT ROAD
City-St-Zip: LAKE ORION, MI 48360

Title: MGR () Delete
Name: SCHLITT, DONNA
Address: 3863 RED ROOT ROAD
City-St-Zip: LAKE ORION, MI 48360

Title: MGR () Delete
Name: SCHLITT, DEAN
Address: 3863 RED ROOT ROAD
City-St-Zip: LAKE ORION, MI 48360

ADDITIONS/CHANGES:

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

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

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: DEAN SCHLITT

MR.

06/02/2009

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