
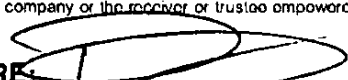


FILED
Feb 22, 2007 8:00 am
Secretary of State

[illegible]

DOCUMENT # L06000108630				Secretary of State 01-29-2007 90139 002 ****50.00	
1. Entity Name 6320 SOUTH TRAIL, LLC					
Principal Place of Business 3935 NORTH WASHINGTON BOULEVARD SARASOTA FL 34234		Mailing Address 3935 NORTH WASHINGTON BOULEVARD SARASOTA FL 34234			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		1st MOORE CR2E083 (10/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent SILBERSTEIN, DAVID M 720 SOUTH ORANGE AVENUE SARASOTA FL 34236			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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) (NOT: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
NAME STREET ADDRESS CITY ST ZIP	MGR DESSBERG, RODNEY 3935 NORTH WASHINGTON BOULEVARD SARASOTA FL 34234	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		RODNEY DESSBERG		1.22.07 9413592277	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Certificate Number	



ATTACHMENT
30661016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 8, 2007

6320 SOUTH TRAIL, LLC
3935 NORTH WASHINGTON BOULEVARD
SARASOTA, FL 34234

Subject: 6320 SOUTH TRAIL, LLC

Reference Number: L06000108630

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE
ANNUAL REPORTS SECTION

*Block 4 completed
"Not applicable" as
this company does not
employ and has no
employees.*