

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90261 015 ***138.75

DOCUMENT # L07000004413

1. Entity Name
NATURE TRAIL REALTY, LLC



Principal Place of Business
**120 E. MAIN STREET, STE. A
PENSACOLA, FL 32502**

Mailing Address
**120 E. MAIN STREET, STE. A
PENSACOLA, FL 32502**

2. Principal Place of Business - No P.O. Box #
17 West Cedar Street

3. Mailing Address
Post Office Box 12725

Suite, Apt. #, etc.
Suite #3

Suite, Apt. #, etc.

02192008 Chg-LLC CR2E083 (12/06)

City & State
Pensacola, FL 32502

City & State
Pensacola, FL 32502

4. FEI Number
20-8220644

Applied For
☐ Not Applicable

Zip
32502

Country

Zip
32591

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOOKMAN, ALAN B
30 SOUTH SPRING STREET
PENSACOLA, FL 32502**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRP
SWAINE, RONALD E
120 E. MAIN STREET, STE. A
PENSACOLA, FL 32502** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRS
CARR, JOHN S
17 W CEDAR STREET STE 3
PENSACOLA, FL 32502** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CARR, JOHN S
17 W CEDAR STREET STE 3
PENSACOLA, FL 32502** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**John S. Carr
Manager**

3/10/08 (850)434-2244

Date

Daytime Phone #