2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000112944



FILED
May 30, 2008 8:00 am
Secretary of State
05-05-2008 90028 028 ***138.75

1. Entity Name VERDE TRAIL PRESS, LLC				
Principal Place of Business 1420 NW BOCA RATON BLVD SUITE 1 BOCA RATON, FL 33432 US		Mailing Address 1420 NW BOCA RATO SUITE 1 BOCA RATON, FL 334		1100/00 BIL VIII 120/ 220/ 120/ 120/ 120/ 120/ 120/ 120/
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04292008 Chg-LLC CR2E083 (12/06)
City & State		City & State		4. FEI Number 26-1381708 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Current R	legistered Agent		7. Name and Address of New Registered Agent
RAHN, RAYMOND M 1420 NW BOCA RATON BLVD : SUITE 1 BOCA RATON, FL 33432			Street Addres	s (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
B. 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 or	nd talle el applicable. (NOT	TE: Registered Agent signature requ	#ed when reinstaling) DATE
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to
9.	MANAGING MEMBER	S/MANAGERS	10.	ADDITIONS/CHANGES
TITLE MAME STREET ADDRESS	MGRM RAHN, RAYMOND M 20795 SONRISA WAY	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP	BOCA RATON, FL 33433		ÇITY-ST-ZIP	
TITLE NAME STREET ADDRESS	MGRM RAHN, SHARON L 20795 SONRISA WAY	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP	BOCA RATON, FL 33433	<u></u>	CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE MAME STREET ADDRESS CITY-S1-ZIP	☐ Change ☐ Addition
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET AUDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: RAYMOND M. RAYMOND M. POSSOR PRINTED HANGER OF AUTHORIZED STREET HANGER OF AUTHORIZED ST				
SIGNATURE: Detail TYPEDIOR PRINTED HAME OF SIGNING MANAGUNG MEMBER, MANAGUR OR AUTHORIZED REPRESENTATIVE Detail Deptine Prome #				