

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000076138

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: TRAILWOOD ESTATES IRRIGATION SYSTEM, LLC

**Current Principal Place of Business:**

105 TRUXTON AVE.  
FORT WALTON BEACH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2492  
FORT WALTON BEACH, FL 32549

**New Mailing Address:**

FEI Number: 26-3255489

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ACREE, TRACY A  
105 TRUXTON AVE.  
FORT WALTON BEACH, FL 32547 US

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

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: MGRM ( ) Delete  
Name: ACREE, TRACY  
Address: P.O. BOX 2492  
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: MGRM ( ) Delete  
Name: ACREE, JOHNNELTE  
Address: P.O. BOX 2492  
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: ACREE, JOHNNETTE  
Address: P.O. BOX 2492  
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: S ( ) Change (X) Addition  
Name: HAMILTON, CINDY  
Address: P.O. BOX 2492  
City-St-Zip: FORT WALTON BECH, FL 32549

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: CINDY HAMILTON

S

03/25/2009

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