

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000008982

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA GOLF TRAIL, LLC

**Current Principal Place of Business:**

106 E. COLLEGE AVE  
SUITE 640  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 10775  
TALLAHASSEE, FL 32302

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

PETERSON, COREY A  
106 E. COLLEGE AVE  
SUITE 640  
TALLAHASSEE, FL 32301 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: MGR  
Name: FLURY, BARBARA  
Address: 106 E. COLLEGE AVE SUITE 640  
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGR  
Name: PETERSON, COREY  
Address: 106 E. COLLEGE AVE SUITE 640  
City-St-Zip: TALLAHASSEE, FL 32301

I hereby 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:** COREY PETERSON

MGR

01/10/2012

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