

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90067 015 *****50.00

DOCUMENT # L99000009299

1. Entity Name

MEADOW WOOD TRAILS, L.C.



Principal Place of Business

**114 NE FIRST STREET
TRENTON FL 32693**

Mailing Address

**PO BOX 308
TRENTON FL 32693**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3643524

Applied For

Not Applicable

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

**BURT, THEODORE M
114 NE FIRST STREET
TRENTON FL 32963**

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BURT, THEODORE M	
STREET ADDRESS	PO BOX 919, NE 1ST STREET	
CITY-ST-ZIP	TRENTON FL	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DAY, ARTHUR L	
STREET ADDRESS	2300 NW 29TH ST	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DAY, DANA	
STREET ADDRESS	2300 NW 29TH ST	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BURT, PAMELA	
STREET ADDRESS	PO BOX 919, 114 NE 1ST ST	
CITY-ST-ZIP	TRENTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

Theodore M Burt
Theodore M Burt

3-27-04

352-463-2318