2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000009299

1. Entity Name
MEADOW WOOD TRAILS, L.C.

Principal Place of Business	Mailing Address
114 NE FIRST STREET TRENTON, FL 32693	PO BOX 308 TRENTON, FL 32693

DO NOT WRITE IN THIS SPACE

01112006 No Chg-LLC CR2E083 (11/05)

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

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BURT, THEODORE M
STREET ADDRESS	PO BOX 919, NE 1ST STREET
CITY-ST-ZIP	TRENTON, FL
TITLE	MGRM
NAME	DAY, ARTHUR L
STREET ADDRESS	2300 NW 29TH ST
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	MGRM
NAME	DAY, DANA
STREET ADDRESS	2300 NW 29TH ST
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	MGRM
NAME	BURT, PAMELA
STREET ADDRESS	PO BOX 919, 114 NE 1ST ST
CITY-ST-ZIP	TRENTON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/02/06-80051-019 50.00

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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: Theodore M Burt Managing Member 1-23-06 352-463-2348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #