

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 A
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



01182008No Chg-LLC

CR2E083 (12/07)

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 32693**

**DO NOT WRITE
IN THIS SPACE**

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 \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BURT, THEODORE M
PO BOX 919, NE 1ST STREET
TRENTON, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DAY, ARTHUR L
2300 NW 29TH ST
GAINESVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DAY, DANA
2300 NW 29TH ST
GAINESVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BURT, PAMELA
PO BOX 919, 114 NE 1ST ST
TRENTON, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000792530
01/24/08-80011-011 138.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #