

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000004839

1. Entity Name
TRAILS GP, LLC



Principal Place of Business
3801 PARKWOOD BLVD., SUITE 100
FRISCO, TX 75034

Mailing Address
P.O. BOX 2529
FRISCO, TX 75034



01042006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1732716

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME EASTBURN, JOHN S JR.
STREET ADDRESS 258 HIGH STREET, SUITE 100
CITY- ST- ZIP PALO ALTO, CA 94301

TITLE PD
NAME MALONE, JOHN
STREET ADDRESS 6705 GREVHAWK CIRCLE
CITY- ST- ZIP PLANO, TX 75024

TITLE ASVP
NAME ANDERSON, CHRISTOPHER W
STREET ADDRESS 2345 PRINCETON ST
CITY- ST- ZIP PALO ALTO, CA 94306

TITLE V
NAME JACCARD, WALTER B
STREET ADDRESS 106 10TH STREET SOUTH
CITY- ST- ZIP KIRKLAND, WA 98033

TITLE ASVP
NAME HENDRYCY, KENNETH E
STREET ADDRESS 211 LANA VILLAGE
CITY- ST- ZIP DIAMONDHEAD, MS 39525

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

1000000389886
01/23/06-80003-009 55.00

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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: _____

Vice President & Asst. Sec. (214) 618-7217

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

Date

Daytime Phone #

Kenneth E. Hendrycy