2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004839

Entity Name: TRAILS GP, LLC

FILED Jan 05, 2007 Secretary of State

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

Current Mailing Address: New Mailing Address:

P.O. BOX 2529 FRISCO, TX 75034

FEI Number: 06-1732716 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

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

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: ADDITIONS/CHANGES:

Title: MGR (X) Delete Title: () Change () Addition

 Name:
 EASTBURN, JOHN S JR.
 Name:

 Address:
 258 HIGH STREET, SUITE 100
 Address:

 City-St-Zip:
 PALO ALTO, CA 94301
 City-St-Zip:

Title: PD () Delete Title: CEO (X) Change () Addition

Name: MALONE, JOHN Name: MCADAMS, JOE

Address: 6705 GREVHAWK CIRCLE Address: 3801 PARKWOOD BLVD. STE. 100

City-St-Zip: PLANO, TX 75024 City-St-Zip: FRISCO, TX 75034

Title: ASVP (X) Delete Title: () Change () Addition

 Name:
 ANDERSON, CHRISTOPHER W
 Name:

 Address:
 2345 PRINCETON ST
 Address:

 City-St-Zip:
 PALO ALTO, CA 94306
 City-St-Zip:

 $\label{eq:total_continuity} \mbox{Title:} \qquad \mbox{V} \qquad \mbox{(X) Change ($)$ Addition}$

Name: JACCARD, WALTER B Name: JACCARD, WALTER B

Address: 106 10TH STREET SOUTH Address: 3801 PARKWOOD BLVD. STE. 100

City-St-Zip: KIRKLAND, WA 98033 City-St-Zip: FRISCO, TX 75034

Title: ASVP () Delete Title: ASVP (X) Change () Addition

Name: HENDRYCY, KENNETH E Name: HENDRYCY, KENNETH E

 Address:
 211 LANAI VILLAGE
 Address:
 3801 PARKWOOD BLVD. STE. 100

 City-St-Zip:
 DIAMONDHEAD, MS 39525
 City-St-Zip:
 FRISCO, TX 75034

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: PATTI TSCHIRHART ASST 01/05/2007