

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004839

FILED
Jan 15, 2008
Secretary of State

Entity Name: TRAILS GP, LLC

Current Principal Place of Business:

3801 PARKWOOD BLVD., SUITE 100
FRISCO, TX 75034

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2529
FRISCO, TX 75034

New Mailing Address:

FEI Number: 06-1732716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: CEO () Delete
Name: MCADAMS, JOE
Address: 3801 PARKWOOD BLVD. STE. 100
City-St-Zip: FRISCO, TX 75034

Title: V () Delete
Name: JACCARD, WALTER B
Address: 3801 PARKWOOD BLVD. STE. 100
City-St-Zip: FRISCO, TX 75034

Title: ASVP () Delete
Name: HENDRYCY, KENNETH E
Address: 3801 PARKWOOD BLVD. STE. 100
City-St-Zip: FRISCO, TX 75034

ADDITIONS/CHANGES:

Title: CAO (X) Change () Addition
Name: MCCRUM, DAVID A
Address: 3801 PARKWOOD BLVD. STE. 100
City-St-Zip: FRISCO, TX 75034

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KENNETH E. HENDRYCY

ASVP

01/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date