


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # M06000001849	
1. Entity Name FOX TRACE, LLC	

Principal Place of Business 464 BROCKFORD ROAD HEFLIN, AL 36264	Mailing Address 464 BROCKFORD ROAD HEFLIN, AL 36264
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03172008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3757105	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

SMITH, DOUGLAS L
 221 MCKENZIE AVE
 PANAMA CITY, FL 32401

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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 _____ (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	MGRM
NAME	LOCKLEAR, D.E.
STREET ADDRESS	P.O. BOX 451
CITY-ST-ZIP	HEFLIN, AL 36264
TITLE	MGRM
NAME	LOCKLEAR, JUDY B
STREET ADDRESS	P.O. BOX 451
CITY-ST-ZIP	HEFLIN, AL 36264
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000868556
 04/09/08-80013-021 138.75

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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: 

3/18/08