

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003675

Entity Name: PA-TRAILS PLUS, L.L.C.

FILED
Jan 05, 2007
Secretary of State

Current Principal Place of Business:

3801 PARKWOOD BLVD., SUITE 100
P.O. BOX 2529
FRISCO, TX 75034

New Principal Place of Business:

Current Mailing Address:

3801 PARKWOOD BLVD., SUITE 100
P.O. BOX 2529
FRISCO, TX 75034

New Mailing Address:

FEI Number: 20-5015936

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

Title: MGR () Delete
Name: HENDRYCY, KEN
Address: 3801 PARKWOOD BLVD., SUITE 100
City-St-Zip: FRISCO, TX 75034

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

ADDITIONS/CHANGES:

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

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 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

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