

**2016 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A98000002884

**Entity Name:** SOUTH TROPICAL TRAIL, LTD.

**Current Principal Place of Business:**

5255 SOUTH TROPICAL TRAIL  
MERRITT ISLAND, FL 32952

**Current Mailing Address:**

5255 SOUTH TROPICAL TRAIL  
MERRITT ISLAND, FL 32952

**FEI Number:** 59-3554282

**Certificate of Status Desired:** No

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

MCMASTER, JAMES D  
6797 S TROPICAL TRAIL  
MERRITT ISLAND, FL 32952 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

**General Partner Detail :**

Document # P98000023787  
Name SOUTH TROPICAL TRAIL, INC.  
Address 5255 SOUTH TROPICAL TRAIL  
City-State-Zip: MERRITT ISLAND FL 32952

*I hereby certify that the information indicated on this report or supplemental 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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARY EVELYN GUYTON

**PRESIDENT**

**04/11/2016**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date