

008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000010010
 1. Entity Name
 SUMMERVILLE ENTERPRISE, LLC



FILED
Apr 17, 2008 08:00 A
Secretary of State

Principal Place of Business: 9222 EAST HIGHLAND PINES DRIVE, PALM BEACH GARDENS, FL 33418
 Mailing Address: 9222 EAST HIGHLAND PINES DRIVE, PALM BEACH GARDENS, FL 33418



04102008 No Chg-LLC CR2E083 (12/07)
 4. FEI Number: 65-0920705 Applied For / Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent
 AUBIN WADE ROBINSON
 505 ROYAL PALM BEACH BLVD.
 ROYAL PALM BEACH, FL 33411

DO NOT WRITE IN THIS SPACE

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

U000000903631
 04/18/08 00054 007 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORRISON, DEVALIE 9222 E HIGHLAN PINES DL PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORRISON, JANICE 9222 E HIGHLAN PINES DL PALM BEACH GARDENS, FL 33418
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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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #