

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023419

FILED  
Jan 13, 2004  
Secretary of State

Entity Name: SUMMIT DEVELOPMENT GROUP, LLC

**Current Principal Place of Business:**

205 BEACH DR. NORTH  
MIRAMAR BEACH, FL 32550

**New Principal Place of Business:**

**Current Mailing Address:**

205 BEACH DR. NORTH  
MIRAMAR BEACH, FL 32550

**New Mailing Address:**

FEI Number: 13-4210813

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GULLO, NICOLO D  
205 BEACH DR. NORTH  
MIRAMAR BEACH, FL 32550

**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/MEMBERS:**

Title: ST ( ) Delete  
Name: GULLO, NICOLO D  
Address: 205 BEACH DR. NORTH  
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: P ( ) Delete  
Name: LORENZEN, RYAN  
Address: 4591 SAILMAKER LN.  
City-St-Zip: DESTIN, FL 32541

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GULLO, NICOLO D  
Address: 205 BEACH DR. NORTH  
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: MGRM (X) Change ( ) Addition  
Name: LORENZEN, RYAN  
Address: 4591 SAILMAKER LN.  
City-St-Zip: DESTIN, FL 32541

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RYAN LORENZEN

MGRM

01/13/2004

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