

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 04, 2005  
Secretary of State**

DOCUMENT# L03000023188

Entity Name: SUMMERLAND LLC

**Current Principal Place of Business:**

435 EAST SHORE DRIVE  
SUMMERLAND KEY, FL 33050 US

**New Principal Place of Business:**

431 EAST SHORE DRIVE  
SUMMERLAND KEY, FL 33050 US

**Current Mailing Address:**

211 SW 2ND STREET  
SUITE #B  
FORT LAUDERDALE, FL 33301 US

**New Mailing Address:**

FEI Number: 35-2208482      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RICKETTS, JAMES F  
211 SW 2ND STREET  
SUITE #B  
FORT LAUDERDALE, FL 33301 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/MEMBERS:**

Title: MGR      ( ) Delete  
Name: O'RIORDAN, MICHAEL A  
Address: 211 SW 2ND ST #B  
City-St-Zip: FORT LAUDERDALE, FL 33301 US

Title: MGR      ( ) Delete  
Name: O'RIORDAN, KEVIN B  
Address: 211 SW 2ND ST #B  
City-St-Zip: FORT LAUDERDALE, FL 33301 US

**ADDITIONS/CHANGES:**

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 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: JAMES RICKETTS

M

01/04/2005

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