

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000006427

FILED
Feb 03, 2009
Secretary of State

Entity Name: SUMMERPORT MARINE, LLC

Current Principal Place of Business:

527 MAIN STREET
WINDERMERE, FL 34786

New Principal Place of Business:

Current Mailing Address:

527 MAIN STREET
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 20-0678861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KARR, THOMAS J JR.
527 MAIN STREET
WINDERMERE, FL 34786 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: MGRM () Delete
Name: KARR, THOMAS J JR.
Address: 527 MAIN STREET
City-St-Zip: WINDERMERE, FL 34789

Title: MGRM () Delete
Name: ALLEN, DONALD R JR
Address: 16 E PLANT ST
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGRM () Delete
Name: WEBB, JOHN
Address: PO BOX 2501
City-St-Zip: ORLANDO, FL 32801

Title: MGRM () Delete
Name: TRAMELL, JOE
Address: PO BOX 2501
City-St-Zip: ORLANDO, FL 32801

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:

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

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS J KARR JR

MGRM

02/03/2009

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