


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000007566	
1. Entity Name SUMMERLEY PROPERTIES, LLC	

Principal Place of Business 315 BREVARD AVENUE, SUITE 5 COCOA, FL 32922	Mailing Address 315 BREVARD AVENUE, SUITE 5 COCOA, FL 32922
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DO NOT WRITE IN THIS SPACE



03162004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3658310	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SUNDIN, GLENN T 335 SOUTH PLUMOSA STREET, SUITE A MERRITT ISLAND, FL 32952	DO NOT WRITE IN THIS SPACE
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7. 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) **DATE** _____

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCOIG, RALPH J 315 BREVARD AVE., SUITE 5 COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAMBLIN, LEONARD W 6845 HUNDRED ACRE DR. COCOA, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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<p>U000000125373 04/22/04-80083-003 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 605, Florida Statutes.

SIGNATURE: Ralph McCoy / Managing Director 4-19-04 3216335655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #