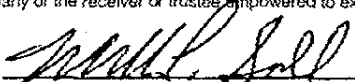


FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000012174 1. Entity Name SUMMERLIN EQUITIES, LLC  Principal Place of Business 1702-D2 COLONIAL BLVD. FORT MYERS, FL 33907 Mailing Address 1702-D2 COLONIAL BLVD. FORT MYERS, FL 33907		Feb 02, 2004 08:00 AM Secretary of State  01262004 No Chg-LLCCR2E083 (10/03) 4. FEI Number 65-1048531 Applied Fee Not Applicable 5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																																							
DO NOT WRITE IN THIS SPACE																																									
6. Name and Address of Current Registered Agent SOLL, WILLIAM P 1702-D2 COLONIAL BLVD. FORT MYERS, FL 33907	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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE																																									
Filing Fee is \$50.00 Due by May 1, 2004																																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"><tr><td style="width:20%;">TITLE</td><td>MGRM</td></tr><tr><td>NAME</td><td>SOLL, WILLIAM P</td></tr><tr><td>STREET ADDRESS</td><td>1705-D2 COLONIAL BLVD.</td></tr><tr><td>CITY- ST- ZIP</td><td>FORT MYERS, FL 33907</td></tr><tr><td>TITLE</td><td>MGRM</td></tr><tr><td>NAME</td><td>COLLIER, JAMES</td></tr><tr><td>STREET ADDRESS</td><td>1705-D2 COLONIAL BLVD.</td></tr><tr><td>CITY- ST- ZIP</td><td>FORT MYERS, FL 33907</td></tr><tr><td>TITLE</td><td>MGRM</td></tr><tr><td>NAME</td><td>STOUT, JEFF</td></tr><tr><td>STREET ADDRESS</td><td>1705-D2 COLONIAL BLVD.</td></tr><tr><td>CITY- ST- ZIP</td><td>FORT MYERS, FL 33907</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr></table>	TITLE	MGRM	NAME	SOLL, WILLIAM P	STREET ADDRESS	1705-D2 COLONIAL BLVD.	CITY- ST- ZIP	FORT MYERS, FL 33907	TITLE	MGRM	NAME	COLLIER, JAMES	STREET ADDRESS	1705-D2 COLONIAL BLVD.	CITY- ST- ZIP	FORT MYERS, FL 33907	TITLE	MGRM	NAME	STOUT, JEFF	STREET ADDRESS	1705-D2 COLONIAL BLVD.	CITY- ST- ZIP	FORT MYERS, FL 33907	TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		11000000024671 02/02/04-80076-011 50.00 DO NOT WRITE IN THIS SPACE
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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)(i), 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 606, Florida Statutes.																																									
SIGNATURE:  William P. Soll 1/27/04 239-936-4411 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																																									