2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L00000012174

1. Entity Name
SUMMERLIN EQUITIES, LLC

Principal Place of Business	Mailing Address
1702-D2 COLONIAL BLVD. FORT MYERS, FL 33907	1702-D2 COLONIAL BLVD. FORT MYERS, FL 33907

01262004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1048531

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SOLL, WILLIAM P
1702-D2 COLONIAL BLVD.
FORT MYERS, FL 33907

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

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	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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02/02/04-80076-011 50.00

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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 608, 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 #