2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000015675**

1. Entity Name

SUMMERWIND MARKET L.L.C.

Principal Place of Business	Mailing Address
~~921 HIGHWAY 98 EAST~~	~~921 HIGHWAY 98 EAST~~
~~DESTIN FL 32541~~	~~DESTIN FL 32541~~

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business 8577 Gulf Blvd.	3. Mailing Address 8577 Gulf Blvd.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE	
City & State Navarre, FL	City & State Navarre, FL	4. FEI Number 59-369-1860	Applied For / Not Applicable
Zip 32566	Country USA	Zip 32566	Country USA	5. Certificate of Status Desired ☐	$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHESSER, D. MICHAEL 1201 EGLIN PARKWAY SHALIMAR FL 32579	Name _____
	Street Address (P.O. Box Number is Not Acceptable)
	City _____ FL	Zip Code

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.

SIGNATURE _____

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

FILE NOW!!! FEE IS $50.00 Make Check Payable to Department of State Due By September 26, 2001	80000460291B---9 -09/20/01--01075--005 *****50.00 *****50.00

9.	MANAGING MEMBERS / MANAGERS		10.	ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PETERSON, DALE E 321 HIGHWAY 98 EAST DESTIN FL 32541	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAINE, KEN 3617 GOLSBYS WAY DESTIN FL 32541	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAMETZ, STEPHEN R 701 FOREST SHORES DRIVE MARY ESTHER FL 32547	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4041 Indian Bayu N Destin, FL 32541	☒ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Betty Norton 268 Ewing Ct Ft Walton Bch, FL 32548	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

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: _SIGNATURE REQUIRED_   07.11.01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #