

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # L00000015675

1. Entity Name
SUMMERWIND MARKET L.L.C.



Principal Place of Business
**321 HIGHWAY 98 EAST
DESTIN, FL 32541**

Mailing Address
**321 HIGHWAY 98 EAST
DESTIN, FL 32541**



01312007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3691860	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

**CHESSER, D. MICHAEL
1201 EGLIN PARKWAY
SHALIMAR, FL 32579**

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM PETERSON, DALE E 321 HIGHWAY 98 EAST DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM PAINE, KEN 3617 GOLSBYS WAY DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAMETZ, STEPHEN R 4041 INDIAN BAYOU N DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM NORTON, BETTY 268 EWING CT. FT. WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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05/01/07-80008-007 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2.2.07