

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90016 030 ****50.00

DOCUMENT # L01000008894

1. Entity Name

SUMMERLAND KEY RESORT, LLC



Principal Place of Business

23921 HENRY ST.
SUMMERLAND KEY, FL 33042

Mailing Address

1798 N. HERCULES AVE.
CLEARWATER, FL 33765



01162004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3724961

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAYMOND, J. PAUL
625 COURT STREET
SUITE 200
CLEARWATER, FL 33756

**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

TITLE	MGR
NAME	DARKENT PROPERTIES, LLC
STREET ADDRESS	1798 N. HERCULES AVE.
CITY-ST-ZIP	CLEARWATER, FL 33765
TITLE	MGR
NAME	STORM, CHRISTOPHER
STREET ADDRESS	18128 JORENE ROAD
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	SECRETARY
NAME	J. PAUL RAYMOND
STREET ADDRESS	410 PUNCE DE LEON BLVD
CITY-ST-ZIP	BELLEGLUE, FL 33756
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-28-04