2004 ~~LIMITED~~ LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000015299

1. Entity Name
SUMMERHAYS & GAINES, LLC

Principal Place of Business	Mailing Address
1905 S. 25TH STREET, SUITE 204 FORT PIERCE, FL 34947	1905 S. 25TH STREET, SUITE 204 FORT PIERCE, FL 34947

DO NOT WRITE IN THIS SPACE

01062004No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1138839
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SUMMERHAYS, ROBERT W JR.
1905 S. 25TH STREET, SUITE 204
FORT PIERCE, FL 34947

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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	SUMMERHAYS JR, ROBERT W
STREET ADDRESS	1905 S 25TH ST STE 204
CITY-ST-ZIP	FORT PIERCE, FL 34947
TITLE	MGRM
NAME	GAINES, JW
STREET ADDRESS	19055 25TH ST STE 202
CITY-ST-ZIP	FORT PIERCE, FL 34947
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
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CITY-ST-ZIP	

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01/08/04-80012-003 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.

Robert W. Summerhays, Jr

SIGNATURE: _____ 1-6-04 772-461-1156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #