

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000017273**

1. Entity Name  
**SUMNER & FRANCISE HOLDINGS, LLC**



Principal Place of Business 104 N. EVERS STREET SUITE 202 PLANT CITY, FL 33563	Mailing Address 104 N. EVERS STREET SUITE 202 PLANT CITY, FL 33563
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**DO NOT WRITE IN THIS SPACE**



02192004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3753322	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLCOMB, VICTOR W  
 106 SOUTH TAMPA AVENUE, SUITE 200  
 TAMPA, FL 33609

**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 \_\_\_\_\_ 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 NAME STREET ADDRESS CITY - ST - ZIP	P FRANCISE, NAHEEM 409 LUTIE DRIVE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SUMNER, RONNIE 3807 S NINE DRIVE VALRICO, FL 33594
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 03/18/04-80041-001 50.00

**DO NOT WRITE 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)(f), 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:** *Naheem K. P.* **PRESIDENT 3-18-04**

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