

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91481 003 ****50.00

DOCUMENT # L01000Q22495

1. Entity Name
SUMM-WINK, L.L.C.

DO NOT WRITE IN THIS SPACE

949248

2. Principal Place of Business
1745 W. Fletcher Ave.
Suite, Apt. #, etc.

3. Mailing Address
1745 W. Fletcher Ave.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number
60-0001900

Applied For
Not Applicable

Zip
33612

Country
USA

Zip
33612

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Michael P. Rice

Street Address (P.O. Box Number is Not Acceptable)

1745 W. Fletcher Ave.

City
Tampa

FL

Zip Code
33612

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.

DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MGRM MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Mitchell F. Rice
1745 W. Fletcher Ave.
Tampa, FL 33612

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CR2E083B (12/01)

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: Michael P. Rice Michael P. Rice 2-11-02 (813) 968-6511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #