


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90109 033 ****50.00

DOCUMENT # L01000022545 1. Entity Name SUMMER APARTMENTS, L.C.					
Principal Place of Business 2408 FLORIDA ST WEST PALM BEACH, FL 33402			Mailing Address PO BOX 30247 WEST PALM BEACH, FL 33420		
2. Principal Place of Business 18789 SE Windward Island Ln.		3. Mailing Address Suite, Apt. #, etc.			
City & State Jupiter, Florida		City & State _____		4. FEI Number 90-0000923	
Zip 33458		Country _____		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FORIERE, AMERIGO 2408 FLORIDA ST WEST PALM BEACH, FL 33406			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 18789 SE Windward Island Ln. City Jupiter, FL Zip Code 33458		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORIERE, AMERIGO 2408 FLORIDA ST WEST PALM BEACH, FL 33406		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18789 SE Windward Island Ln. Jupiter, FL 33458	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORIERE, JANICE 2408 FLORIDA ST WEST PALM BEACH, FL 33406		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18789 SE Windward Island Lane Jupiter FL 33458	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Janice Foriere</i>			2/23/05 (561)391-1687		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

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