2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000004781

1. Entity Name
SUMMERWOOD, LLC

Principal Place of Business	Mailing Address
282 NORTHWEST 74TH WAY PLANTATION, FL 33318 US	282 NORTHWEST 74TH WAY PLANTATION, FL 33318 US

04132005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0557755
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARTER, GARY A
282 NORTHWEST 74TH WAY
PLANTATION, FL 33318

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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CARTER, SHERRELL O
STREET ADDRESS	282 NW 74TH WAY
CITY-ST-ZIP	PLANTATION, FL 33318
TITLE	MGR
NAME	BONNER, MICHAEL J
STREET ADDRESS	502 S RIVER FARM DR
CITY-ST-ZIP	ALPHARETTA, GA 30022
TITLE	MGRM
NAME	CARTER, GARY A
STREET ADDRESS	282 NW 74TH WAY
CITY-ST-ZIP	FORT LAUDERDALE, FL 33318
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00001807877
04/15/05-80070-023 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)(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 J Bonner 4/12/05 678-969-9034
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #