

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**May 04, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L02000004781**

1. Entity Name  
**SUMMERWOOD, LLC**



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

Mailing Address  
**282 NORTHWEST 74TH WAY  
PLANTATION, FL 33318 US**



01172006No Chg-LLC

CR2E083 (11/05)

**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, 2006**

**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	

U000000563239  
05/20/06-80003-006 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**4/29/06**

Date

**678-969-9034**

Daytime Phone #