2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2007
Secretary of State

DOCUMENT# L02000004781

Entity Name: SUMMERWOOD, LLC

Current Principal Place of Business:

282 NORTHWEST 74TH WAY
PLANTATION, FL 33318 US

New Principal Place of Business:

Current Mailing Address:

282 NORTHWEST 74TH WAY
PLANTATION, FL 33318 US

New Mailing Address:

FEI Number: 02-0557755 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	CARTER, SHERRELL O	
Address:	282 NW 74TH WAY	
City-St-Zip:	PLANTATION, FL 33318	
Title:	MGR	( ) Delete
Name:	BONNER, MICHAEL J	
Address:	502 S RIVER FARM DR	
City-St-Zip:	ALPHARETTA, GA 30022	
Title:	MGRM	( ) Delete
Name:	CARTER, GARY A	
Address:	282 NW 74TH WAY	
City-St-Zip:	FORT LAUDERDALE, FL 33318	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGR	(X) Change ( ) Addition
Name:	BONNER, MICHAEL J	
Address:	150 PEACHTREE STREET	
City-St-Zip:	WINTERVILLE, GA 30683	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GARY A CARTER MGRM 04/22/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date