


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000011737</b>	
1. Entity Name <b>SUMMERHAVEN DEVELOPERS, LLC</b>	

Principal Place of Business <b>8951 A1A SOUTH ST. AUGUSTINE FL 32080</b>	Mailing Address <b>PO BOX 897 FLAGLER BEACH FL 32136</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/04)

4. FEI Number <b>30-0085240</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>BLOODWORTH, SUSAN S 170 MALAGA ST., STE. A ST. AUGUSTINE FL 32084</b>
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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
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<p align="center"><b>FILE NOW!!! FEE IS \$50.00</b>  <b>Make Check Payable to Florida Department of State</b>  <b>Due By May 1, 2005</b></p>		
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete
<b>P POPE, ERIC PO BOX 973 WATKINSVILLE GA 30677</b>	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete
<b>VP ZAMBA, ALAN L 15 BAY DR PALM COAST FL 32137</b>	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>U000000281144 03/30/05-80047-019 50.00</b>	
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"/> Change <input type="checkbox"/> Addition
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"/> 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:  <b>ERIC POPE</b>	<b>3/24/05</b> <b>706 338 7673</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #