
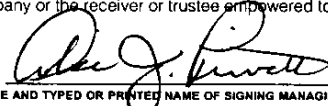


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90036 003 \*\*\*\*55.00

|  |  |  |   |  |   |
|--|--|--|---|--|---|
| <b>DOCUMENT # L02000013904</b><br>1. Entity Name<br>SUMMERFIELD SUITES, L.L.C.   |  |  |   |         |   |
| Principal Place of Business<br>3231 S.W. 34TH AVE.<br>OCALA, FL 34474  |  |  | Mailing Address<br>P.O. BOX 4860<br>OCALA, FL 34478-4860  |  |   |
| 2. Principal Place of Business - No P.O. Box #<br>17421 SE 109th Terrace Rd  |  | 3. Mailing Address<br>Suite, Apt. #, etc.                    |   |  |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   | 04112007 Chg-LLC CR2E083 (12/06)   |   |
| City & State<br>Summerfield, FL  |  | City & State   |   | 4. FEI Number<br>59-2214796  |   |
| Zip<br>34491   |  | Country<br>USA   |   | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |   |
| 6. Name and Address of Current Registered Agent<br><br>PRIVETT, ALICE<br>3231 SW 34TH AVENUE<br>OCALA, FL 34474  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |   |
| 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 _____  |  |  |   |  |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |  | <b>Make check payable to<br/>Florida Department of State</b> |   |  |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |  | <b>10. ADDITIONS/CHANGES</b>  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>PRIVETT, ALICE<br>3231 SW 34TH AVENUE<br>OCALA, FL 34474    | <input type="checkbox"/> Delete                              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>KAUFFMAN, WILLIAM<br>3231 SW 34TH AVENUE<br>OCALA, FL 34474 | <input type="checkbox"/> Delete                              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>REGER, JOH<br>3231 SW 34TH AVE<br>OCALA, FL 34474           | <input checked="" type="checkbox"/> Delete                   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>Raum, Mary<br>2845 SE 1st Court<br>Ocala, FL 34471<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                    | <input type="checkbox"/> Delete                              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                    | <input type="checkbox"/> Delete                              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                    | <input type="checkbox"/> Delete                              |   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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. |  |  |   |  |   |
| <b>SIGNATURE:</b>  <b>Alice J. Privett</b> 4/11/07 (352) 873-7434   |  |  |   |  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |  |   |  |   |