## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

## **DOCUMENT # L02000014465**

1. Entity Name

SUMMER HAVEN PROPERTIES, L.L.C.



FILED Jan 11, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

824 MAPLETON TERRACE JACKSONVILLE, FL 32207 824 MAPLETON TERRACE JACKSONVILLE, FL 32207



01072008 No Chg-LLC

CR2E083 (12/07)

| 4. | FEI Number                    |  | Applied For          |
|----|-------------------------------|--|----------------------|
|    | 57-1148946                    |  | Not Applicable       |
| 5. | Certificate of Status Desired |  | 0 Additional equired |

6. Name and Address of Current Registered Agent

| 824 MAPL  | . ELLIS JR<br>ETON TERRACE<br>VILLE, FL 32207  | DO NOT WRITE IN THIS SPACE  |  |  |
|---|--|---|--|--|
| the obligat   | named entity submits this statement for the purpose of changing ions of registered agent.  | ts registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept  |  |  |
| SIGNATURE   | Signature, typed or printed name of registered agent and title it applicable. (No  | DTE: Registered Agent signature required when reinstating) DATE   |  |  |
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75 |  |   |  |  |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP                              | MANAGING MEMBERS/MANAGERS  MGR ZAHRA, E. ELLIS JR 824 MAPLETON TERRACE JACKSONVILLE, FL 32207  | U00000780285  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |  | 01/14/08-80016-012 138.75   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |  | DO NOT WRITE  |  |  |
| NAME STREET ADDRESS CITY-ST-ZIP                                       |  | IN THIS SPACE   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |  |   |  |  |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP                                 |  |   |  |  |
| ' indicated   | certify that the information supplied with this filing does not qualift on this report is true and accurate and that my signature shall hibility company or the receiver or trustee empowered to execute the state of the receiver or trustee. | of for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am a managing member or manager of the his report as required by Chapter 608, Florida Statutes. |  |  |