


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90129 038 ***138.75

| | |
|--|---|
| DOCUMENT # L02000026753 1. Entity Name SUMTER COMMONS, LLC |  |
|--|---|

| | |
|---|---|
| Principal Place of Business 6329 GALL BLVD. ZEPHYRHILLS, FL 33540 | Mailing Address 6329 GALL BLVD. ZEPHYRHILLS, FL 33540 |
|---|---|

60013813



01312008No Chg-LLC CR2E083 (12/07)

| | |
|------------------------------------|--|
| 4. FEI Number 54-2083175 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

DO NOT WRITE IN THIS SPACE

| |
|---|
| 6. Name and Address of Current Registered Agent AYLWARD, ROBERT E 600 S. MAGNOLIA AVE., SUITE 100 TAMPA, FL 33606 |
|---|

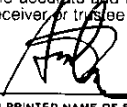
| |
|---------------------------------------|
| DO NOT WRITE IN THIS SPACE |
|---------------------------------------|

| | |
|---|------------|
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|---|------------|

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM THE STUART KAUFMAN REVOCABLE TRUST 6329 GULL BLVD ZEPHYRHILLS, FL 33540 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM THE DEBRA L. KAUGMAN REVOCABLE TRUST 6329 GULL BLVD ZEPHYRHILLS, FL 33540 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

| |
|---------------------------------------|
| 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:  Stuart J. Kaufman | Date 3/4/08 | Daytime Phone # (813) 788-7616 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | | |