

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

000-301  
FR

DOCUMENT # L02000029914

1. Entity Name  
SUMMER WIND FARMS, LLC



FILED  
03 SEP 30 PM 3:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

Principal Place of Business  
ATLANTIC BOULEVARD, 13170-59. PMD-250  
JACKSONVILLE FL 32225

Mailing Address  
ATLANTIC BOULEVARD, 13170-59. PMD-250  
JACKSONVILLE FL 32225

2. Principal Place of Business  
5250 STATE ROAD 13 NORTH

3. Mailing Address  
P.O. BOX 600130

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
ST AUGUSTINE, FL

City & State  
JACKSONVILLE, FL

Zip  
32092

Country

Zip  
32260

Country

4. FEI Number  
55-0804647

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

SMITH HULSEY & BUSEY  
225 WATER WATER STREET, SUITE 1800  
JACKSONVILLE FL 32202

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

09/30/03--01067--001 \*\*50.00

800023446308

City

09/30/03--01067--001 FL \*\*50.00

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 \_\_\_\_\_

\$0.00

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By September 24, 2003

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGING MEMBER  
ROBERT E EVANS  
5250 STATE ROAD 13 NORTH  
ST AUGUSTINE, FL 32092

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGING MEMBER  
SUSAN S. EVANS  
5250 STATE ROAD 13 NORTH  
ST AUGUSTINE, FL 32092

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ 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: \_\_\_\_\_

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

Date

Daytime Phone #

9.24.03 (904) 284-9699

CP2E083 (4/03)