

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033181

FILED
Apr 19, 2006
Secretary of State

Entity Name: SUMMERFIELD ASSOCIATES LLC

Current Principal Place of Business:

3494 U.S. HWY. 301 NORTH
COLEMAN, FL 33521

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 98
COLEMAN, FL 33521

New Mailing Address:

FEI Number: 14-1866579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARCHBANKS, LAWRENCE J
110 CLEVELAND AVENUE
WILDWOOD, FL 34785 US

Name and Address of New Registered Agent:

NASH, JAMES C
15351 S E 47TH AVE
SUMMERFIELD, FL 34491 US

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.

SIGNATURE: JAMES C NASH

04/19/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NASH, JAMES C
Address: 15351 SE 47TH AVENUE
City-St-Zip: SUMMERFIELD, FL 34491

Title: MGRM () Delete
Name: NASH, GEORGE J
Address: 15241 SE 47TH AVENUE
City-St-Zip: SUMMERFIELD, FL 34491

Title: MGRM () Delete
Name: MEARS, DAVID J III
Address: 3100 E. HWY. 316
City-St-Zip: CITRA, FL 32113

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES C NASH

MGRM

04/19/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date