

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-03-2003 90006 009 ****50.00

DOCUMENT # L02000034188
1. Entity Name
SUMMERGLEN, L.L.C.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1412 South Florida Avenue
Suite, Apt. #, etc.

3. Mailing Address
1412 South Florida Avenue
Suite, Apt. #, etc.

City & State
Lakeland, FL 33803

City & State
Lakeland, FL 33803

Zip 33803 Country USA

Zip 33803 Country USA

4. FEI Number
76-0720678

Applied For
Not Applicable

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

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7. Name and Address of Current Registered Agent

Name Robert F. Harper III

Street Address (P.O. Box Number is Not Acceptable)
1420 South Florida Avenue

City Lakeland FL 33803

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 _____ DATE _____

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Owner/Manager Paul Sean Harper 5299 Stone Oaks Drive Lakeland, FL 33801
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 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ Date 2-25-03 Daytime Phone # 863-284-0037

CR2E083B (12/02)