

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

04-19-2007 90029 001 ****50.00

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05042007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L03000004455 1. Entity Name SUMMERS, SUMMERS & ALLBRITTON, L.L.C.					
Principal Place of Business 209 SE ST. JOHNS STREET LAKE CITY, FL 32025			Mailing Address PO BOX 2817 LAKE CITY, FL 32056		
2. Principal Place of Business - No P.O. Box # 1341 SW CASTLE HTS TER		3. Mailing Address P.O. Box 1565			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State LAKE CITY, FL		City & State LAKE CITY, FL		4. FEI Number 90-0073555	
Zip 32025		Country USA		Applied For Not Applicable	
Zip 32025		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SUMMERS, GORDON P JR 209 SE ST. JOHNS STREET LAKE CITY, FL 32025			7. Name and Address of New Registered Agent Name GORDON P. SUMMERS, JR. Street Address (P.O. Box Number is Not Acceptable) 1341 SW CASTLE HTS TER City LAKE CITY FL Zip Code 32025		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
Filing Fee is \$50.00 Due by September 14, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUMMERS, GORDON P JR PO BOX 1565 LAKE CITY, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER GLENN OWENS 376 SW MAIN BLVD LAKE CITY, FL 32025
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALLBRITTON, PATRICK C SR PO BOX 1565 LAKE CITY, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: <i>Gordon P. Summers, Jr.</i>			5-4-07		386-752-3868
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		<small>Daytime Phone #</small>