2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# L03000004455

Entity Name: SUMMERS, SUMMERS & ALLBRITTON, L.L.C.

Current Principal Place of Business:

1341 SW CASTLE HTS TER
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

PO BOX 1565
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: 90-0073555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUMMERS, GORDON P JR
1341 SW CATLE HTS TER
LAKE CITY, FL 32025 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SUMMERS, GORDON P JR
Address: PO BOX 1565
City-St-Zip: LAKE CITY, FL

Title: MGRM ( ) Delete
Name: OWENS, GLENN
Address: 376 SW MAIN BLVD
City-St-Zip: LAKE CITY, FL 32025

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SUMMERS, GORDON P JR
Address: PO BOX 1565
City-St-Zip: LAKE CITY, FL 32056

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

I hereby certify that the information supplied with this filing does not qualify 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: GLENN OWENS MM 01/14/2009

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