


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 25, 2005 8:00 am**  
**Secretary of State**

08-25-2005 90106 002 \*\*\*\*55.00

<b>DOCUMENT # L03000009654</b>	
<b>1. Entity Name</b> SUMARD HOLDINGS, LLC	

<b>Principal Place of Business</b> 12820 TAMiami TRAIL SUITE #2 NAPLES, FL 34110	<b>Mailing Address</b> 12820 TAMiami TRAIL SUITE #2 NAPLES, FL 34110
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<b>2. Principal Place of Business</b> 6602 Ilex Circle Suite, Apt. #, etc.	<b>3. Mailing Address</b> 6602 Ilex Circle Suite, Apt. #, etc.
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<b>City &amp; State</b> Naples, FL <b>Zip</b> 34109	<b>Country</b>	<b>City &amp; State</b> Naples, FL <b>Zip</b> 34109	<b>Country</b>
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07152005 Chg-LLC CR2E083 (10/03)

<b>4. FEI Number</b> 27-0050301	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> CHILDS, ALLEN 12820 TAMiami TRAIL, SUITE #2 NAPLES, FL 34110	<b>7. Name and Address of New Registered Agent</b> <b>Name</b> <b>Street Address (P.O. Box Number is Not Acceptable)</b> 6602 Ilex Circle <b>City</b> Naples <b>FL</b> <b>Zip Code</b> 34109
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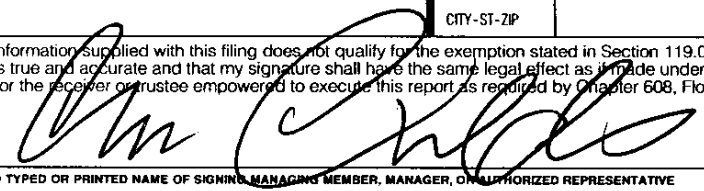
**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by September 7, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> CHILDS, ALLEN 12820 TAMiami TRAIL, SUITE #2 NAPLES, FL 34110 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> 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 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 #** \_\_\_\_\_