2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED Feb 04, 2008 08:00 A Secretary of State

DOCUMENT #	‡ L03000009654
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1. Entity Name SUMARD HOLDINGS, LLC



Principal Place of Business 6602 ILEX CIRCLE NAPLES, FL 34109 Mailing Address

6602 ILEX CIRCLE NAPLES, FL 34109



01152008 No Chg-LLC

CR2E083 (12/07)

Daylime Phone #

4. FEI Number		Applied For
27-0050301		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

Colony of the service of the first

6. Name and Address of Current Registered Agent

NEAD, ROBERT 6602 ILEX CIRCLE NAPLES, FL 34109

SIGNATURE:

the obligations of registered agent.

DO NOT WRITE

SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		e he will be a second of the
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEAD, ROBERT 6602 ILEX CIRCLE NAPLES, FL 34109		The second of th
TITLE NAME STREET ADDRESS CITY-ST-ZIP			000000816366 02/14/08-80047-014 138,75
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TITLE NAME STREET ADORESS CITY-ST-ZIP			A section of the sect
11. I hereby indicated limited lia	certify that the information supplied with this filling does not on this report is true and acquate and that not signature solility company or the receiver or trustee expowered to exe	qualify for the exemptions contained in Chapter 1 hall have the same legal effect as if made under locute this report as required by Chapter 608, Flori	 Florida Statutes. I further certify that the information path; that I am a managing member or manager of the da Statutes.

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. 1 am familiar with, and accept