2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Mar 03, 2008 8:00 am
Secretary of State
01-25-2008 90084 049 ***138.75

DOCUMENT # L03000035384

1. Entity Name

SUMMERLIN AVENUE, LLC

Principal Place of Business
135 NORTH SUMMERLIN AVE.
SANFORD FL 32771-1553

Mailing Address
135 NORTH SUMMERLIN AVE.
SANFORD FL 32771-1553

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

1st MOORE CR2E083 (10/07)

4. FEI Number 20-0231927 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHULTZ, TIMOTHY J
315 E. ROBINSON ST., STE. 600
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name: TIMOTHY J. SCHULTE
Street Address (P.O. Box Number is Not Acceptable): 315 E ROBINSON STREET STE 600
ORLANDO, FL 32801
City: FL Zip Code: 32801

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 ________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR EQUITY TRUST CUST GEORGE AKOK II 225 BURNS ROAD ELYRIA OH 44035	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~OWNER~~ MANAGER EQUITY TRUST Company AS Custodian FBO GEORGE PIHAKIS II 31799 225 BURNS ROAD ELYRIA, OHIO 44035	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CLARK, NIKKI PIHAKIS 190 RIDGE ROAD LAKE MARY FL 32746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: NIKKI PIHAKIS CLARK, MGR 1-22-08 (407)323 7790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #