## FILED Sep 10, 2004 8:00 am Secretary of State 08-26-2004 90061 032 \*\*\*\*50.00

8/26/

DOCUMENT # L03000055344										
SUMNER	ENTER	RPRISES OF JACKS	SONVILLE, LLC			}				
Principal Plac	e of Susines		Mailing Address			1	0461	usvu		
118 IACKSON RD.			118 JACKSON RD.			34010340				
12 Jacksonville, FL 32225 US			12 JACKSONVILLE, FL 32225 US							
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc."			Sulte, Apt. #, etc.			07152004	Chg-LLC	CR2E0	83 (10/03)	
City & State			City & State			4. FEI Numb	08036	72	<b>——</b>	optied For pt Applicable
Zîp	• •	Country	Zip	Cour	ntry ,	5. Certificate of Status Desired Specificate Specificate Specificate Specification Spe		ditional		
6. Name and Address of Current Registered Agent					- Name	7. Name an	d Address of New	Registered /	Agent -	
SUMNER, 118 JACK			Street Add		Street Address (	is (P.O. Box Number is Not Acceptable)				
JACKSON	IVILLĖ, FI	L 32225								
ĺ		-		•-	City		•	FL	Zip Cod	e
		ity submits this statement for stered agent.	the purpose of changing its	register	ed office or register	red agent, or b	oth, in the State of F	orida. Iam	familiar with,	and accept
SIGNATURE	<u>a</u>					.· ———				<u></u>
	Signature, lype	d or printed Name of registered agent a	nd lifte if applicable. (NO)	E: Registere	ed Agent signature required	d when reinstating)	······································	DATE		
Fij Due l	ling Fee I by Septe	ls \$50.00 mber 8, 2004						ke check p la Departm		•
9.		MANAGING MEMBE		10.			ADDITIONS	/CHANGES		
TITLE NAME	MGRM	R, JOHN D	☐ Delete	TITL NAS				•	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	l .	KSON RD. #12			EET ADDRESS (-ST-ZIP					ĺ
TITLE	JACKSO	NVILLE, FL 32225	Delate	IIIL					Change	[ Addition
NAME	,			NA	Æ					
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TITLE			☐ Delete	TITE.	-				Change	☐ Addition
NAME STREET ADDRESS				STR	EET ADDRESS					
CITY: ST-ZIP	-				r=s1-zp-					
TITLE NAME	ļ		Delete	TITU	l l		-		☐ Change	☐ Addition
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CITY-ST-ZIP	<del>                                     </del>	<del> </del>	☐ Detete	Tift	r-ST-ZIP				Change	Addition
NAME				NAM	AE .					
STREET ADDRESS CITY-ST-ZIP			•		eet address 7-st-zip					
TITLE			☐ Defete	TETL			<del> </del>		☐ Change	Addition
NAME STREET ADDRESS				NAA STR	RE EET ADDRESS					Ì
CITY-ST-ZIP	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	CITY	Y-ST-ZIP					j
11. I hereby a indicated	certify that the	he information supplied with ort is true and accurate and	this filing does not qualify to that my signature shall have	the exe	emption stated in Se e legal effect as if n	oction 119.07(3) nade under oat	(i), Florida Statutes. h; that I am a mana	I further cer ging membe	tify that the in or manage	nformation or of the
indicated on this report is true add 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 ecceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
SIGNATURE: JUM SUMM John SUMMER 8-34 94 904565-9355 SIGNATURE: Date Description MARKE OF SIGNING MANAGENE, MANAGEN, OR AUTHORIZED REPRESENTATIVE Date Descriptions of Descript										