CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

2005 LIMITED LIABILITY COMPANY FILED **ANNUAL REPORT** Mar 10, 2005 08:00 AM DOCUMENT # L04000001434 **Secretary of State** 1. Entity Name SUMMIT HOMES LLC Principal Place of Business ____ Mailing Address 3660 PIZARRO RD. 3660 PIZARRO RD. JACKSONVILLE, FL 32217 JACKSONVILLE, FL 32217 03072005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FE! Number Applied For 80-0092029 Not Applicable \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent WAREH, FAIZ DO NOT WRITE 3660 PIZARRO RD. JACKSONVILLE, FL 32217 IN THIS SPACE 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 Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS TITLE MGR WAREH, FAIZ STREET ADDRESS 3660 PIZARRO RD. CITY-ST-ZIP JACKSONVILLE, FL 32217 TITLE NAME 000000258425 STREET ADDRESS 03/10/05-80041-008 50.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

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 508, Florida Statutes.

SIGNATURE: A NING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #