

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90116 011 ***138.75

DOCUMENT # L04000006427

1. Entity Name
SUMMERPORT MARINE, LLC



Principal Place of Business Mailing Address
527 MAIN STREET **527 MAIN STREET**
WINDERMERE, FL 34786 **WINDERMERE, FL 34786**

60002560



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

01072008 Chg-LLC CR2E083 (12/06)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
20-0678861 Not Applicable

6. Name and Address of Current Registered Agent

KARR, THOMAS J JR.
527 MAIN STREET
WINDERMERE, FL 34786

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____

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

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KARR, THOMAS J JR.	
STREET ADDRESS	527 MAIN STREET	
CITY-ST-ZIP	WINDERMERE, FL 34789	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ALLEN, DONALD R JR	
STREET ADDRESS	166 PLANT ST	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WEBB, JOHN	
STREET ADDRESS	1420 6 ROBINSON ST	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HAMELL, JOE	
STREET ADDRESS	1420 E ROBINSON ST	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	16 E Plant Street	
CITY-ST-ZIP	Winter Garden, FL 34787	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. Box 2501	
CITY-ST-ZIP	Orlando FL 32801	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Joe Trammell	
CITY-ST-ZIP	P.O. Box 2501	
	Orlando FL 32801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 register or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **1/15/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #