


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000016728
 1. Entity Name
SUMMERPOINT, L.L.C.



Principal Place of Business 135 PROFESSIONAL DRIVE, SUITE 101 PONTE VEDRA BEACH, FL 32082	Mailing Address 135 PROFESSIONAL DRIVE, SUITE 101 PONTE VEDRA BEACH, FL 32082
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02142006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1202762	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 BARTLETT, BARON L ESQ.
 C/O BARTLETT & DEAL, P.A.
 135 PROFESSIONAL DRIVE, SUITE 101
 PONTE VEDRA BEACH, FL 32082

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARTLETT, BARON L 135 PROFESSIONAL DRIVE, SUITE 101 PONTE VEDRA BEACH, FL 32082
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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

3/16/2006 904 285
Date City/State Phone # 529