

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019101

Entity Name: SUMMERWIND, LLC

FILED  
Aug 17, 2005  
Secretary of State

**Current Principal Place of Business:**

299 FIRST AVENUE SOUTH  
NAPLES, FL 341020665

**New Principal Place of Business:**

468 TREELINE DRIVE  
NAPLES, FL 34119

**Current Mailing Address:**

299 FIRST AVENUE SOUTH  
NAPLES, FL 341020665

**New Mailing Address:**

468 TREELINE DRIVE  
NAPLES, FL 34119

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SLAVICH, BILL  
5660 STRAND COURT  
NAPLES, FL 34110 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR ( ) Change (X) Addition  
Name: SLAVICH, WILLIAM MGRM  
Address: 5660 STRAND DRIVE  
City-St-Zip: NAPLES, FL 34110 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WILLIAM SLAVICH

MR

08/17/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date