2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

	ANNOA	LKEFOKI				
DOCUMENT # L04000031128 1. Entity Name				TASE O	FEB LED	
SUMMER	LAKES APARTMENTS I	i, LLC		J. C.	E8	
Principal Place	of Business	Mailing Address			THE PARTY OF THE P	
THE BRANDYWINE CENTRE 1			THE BRANDYWINE CENTRE 1		3 2 7	
580 VILLAGE BLVD., STE. 120		580 VILLAGE BLVD., STE. 120				
WEST PALM E	BEACH, FL 33409	WEST PALM BEACH, FL	33409		: C'. Repail-ings maes-fang maan pangas in paga	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt.		Suite, Apt. #, etc.	IT LV	01052005 Chg-LLC	CR2E083 (10/03)	
City & State		City & State		5a-2442924	Applied For Not Applicable	
Zip	Country	Zip	Country 1	5. Certificate of Status Desired	\$5.00 Additional	
	6. Name and Address of Curre	nt Registered Agent	<u> </u>	7. Name and Address of New Re	Fee Required	
	THE PART OF THE PA	itt Hogistered Agent	Name	Hallo bild Addieso di How He	giotorou rigotti	
B&C CORPORATE SERVICES OF CENTRAL FLORIDA				Charat Address (D.O. Day Number in Net Acceptable)		
	H ORANGE AVENUE, STE. , FL 32801	1100	O Street Address (P.O. Box Number is Not Acceptable)			
			City		FL Zip Code	
R The above	comed entity submits this statemen	t for the number of shanging its	recistered office o	gistered agent, or both, in the State of Flor		
the obligati	ons of registered agent.	tion the purpose or changing its	ragistarad offica o	gistered agent, or both, lit the state of Flor	ida. Tam familiar with, and accept	
SIGNATURE _	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE	: Registered Agent signal	equired when reinstating)	DATE	
	ling Fee is \$50.00 ie by May 1, 2005				check payable to Department of State	
9.	MANAGING MEM	BERS/MANAGERS	10.	ADDITIONS/		
TITLE		☐ Delete	TITLE	M Member 11 c	☐ Change	
NAME Street address			NAME STREET ADDRESS	R6 Member, LLC Prandywine centre 1,5801	lillage Blud. Ste. 120	
CITY-ST-ZIP			STREET ADORESS CITY-ST-ZIP	lest Palm Beach, FL 3	2400	
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11. I hereby of indicated	ertify that the information supplied v	with this filing does not qualify for	the exemption sta	in Section 119.07(3)(i), Florida Statutes. I	further certify that the information	
limited lial	oility company or the receiver or trut	stee empowered to execute this	report as required	as if made under oath; that I am a managi Chapter 608, Florida Statutes.	ng monuoi oi managai oi inc	
	TRE Memb	C, its so	rembe	2/2/	010 ×000	
SIGNAT	URE:			0/10/05 ac	13 864-0400	
	MANAGE AND THE AT THE ASSESSMENT AND ADDRESSMENT AND ADDRESSME					
	SIGNATURE AND TYPED OR PRINTED NAME	Miller, Presid		EPRESENTATIVE Date	Daytime Phone #	