


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90038 047 \*\*\*\*55.00

**DOCUMENT # L04000044254**

1. Entity Name  
**SUMMERVILLE AND O'NEAL LLC.**



Principal Place of Business      Mailing Address

5399 E G30 A# 220      5399 E G30 A# 220  
 SANTA ROSA BEACH, FL 32459 US      SANTA ROSA BEACH, FL 32459 US

2. Principal Place of Business      3. Mailing Address

4042 C30A      174 Waterscolor Way  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 F      332

City & State      City & State

SANTA ROSA Beach, FL      SANTA ROSA Beach, FL

Zip      Country      Zip      Country

32459      USA      32459      USA



04202005      Chg-LLC      CR2E083 (10/03)

4. FEI Number      Applied For

20-1286878      Not Applicable

5. Certificate of Status Desired      \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

O'NEAL, SHAWN  
 5399 E. C-30A #220  
 SANTA ROSA BEACH, FL 32459

**7. Name and Address of New Registered Agent**

Name      SHAWN O'NEAL

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

67 Bermuda Drive

City      SANTA ROSA Beach      FL      Zip Code      32459

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 \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2005**

**Make check payable to Florida Department of State**


**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SUMMERVILLE, BERT	
STREET ADDRESS	74 COURTYARD CIRCLE	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	O'NEAL, SHAWN	
STREET ADDRESS	67 BERMUDA DRIVE	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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		
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 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 608, Florida Statutes.

SIGNATURE:       4/20/05      850-225-5944