

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Jul 29, 2005
Secretary of State**

DOCUMENT# L04000044254

Entity Name: SUMMERVILLE AND O'NEAL LLC.

Current Principal Place of Business:

4042 C30A
STE F
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

174 WATERCOLOR WAY
STE 332
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

FEI Number: 20-1286878 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'NEAL, SHAWN
67 BERMUDA DR
SANTA ROSA BEACH, FL 32459 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: MGRM () Delete
Name: SUMMERVILLE, BERT
Address: 74 COURTYARD CIRCLE
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: MGRM () Delete
Name: O'NEAL, SHAWN
Address: 67 BERMUDA DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: KIEFER, BRYAN J
Address: 611 TEAL AVE
City-St-Zip: CELEBRATION, FL 34747

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: BRYAN J. KIEFER

MGR

07/29/2005

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