

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000063415

1. Entity Name
SUMMERCHASE, LLC



Principal Place of Business
**508-A CAPITAL CIRCLE, S.E.
TALLAHASSEE, FL 32301**

Mailing Address
**508-A CAPITAL CIRCLE, S.E.
TALLAHASSEE, FL 32301**

DO NOT WRITE IN THIS SPACE



04162007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
56-2480055

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WIENER, BRUCE I
1300 THOMASWOOD DRIVE
TALLAHASSEE, FL 32301**

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IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|----------------------------|
| TITLE | MGR |
| NAME | TURNER, FREDERIC E |
| STREET ADDRESS | 508-A CAPITAL CIRCLE, S.E. |
| CITY-ST-ZIP | TALLAHASSEE, FL 32301 |
| TITLE | MGR |
| NAME | TURNER, DOUGLAS E |
| STREET ADDRESS | 508-A CAPITAL CIRCLE SE |
| CITY-ST-ZIP | TALLAHASSEE, FL 32301 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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05/03/07-80004-002 50.00

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IN THIS SPACE**

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

Date

Daytime Phone #