

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000064524

1. Entity Name
SUMMERPORT LAND, LLC



Principal Place of Business

527 MAIN STREET
WINDERMERE, FL 34786

Mailing Address

527 MAIN STREET
WINDERMERE, FL 34786

FILED

06 MAR -2 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01162006No Chg-LLC

CR2E083 (11/05)

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4. FEI Number

37-1501563

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KARR, THOMAS J
527 MAIN STREET
WINDERMERE, FL 34786

**DO NOT WRITE
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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MBR
ALLEN, DONALD R
16 E PLANT STREET
WINTER GARDEN, FL 34787

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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03/20/06--01019--023 **200.00

**DO NOT WRITE
IN THIS SPACE**

K. Eckel MAR 07 2006

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 #