


Jul 13 05 09:59a

LEONARD RABIN

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90092 020 ****50.00

DOCUMENT # L04000070440			
1. Entity Name SUMMERS PROPERTIES LTD. CO.			
Principal Place of Business 449 S.W. WHITMORE DR. PORT ST. LUCIE, FL 34986		Mailing Address 449 S.W. WHITMORE DR. PORT ST. LUCIE, FL 34986	
2. Principal Place of Business 244 E. BOCA RATON RD Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State BOCA RATON, FL Zip 33432 Country U.S.		City & State SAME Zip SAME Country SAME	
4. FEI Number 84-1674855		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SUMMERS, JUANITA 449 S.W. WHITMORE DR. PORT ST. LUCIE, FL 34986		7. Name and Address of New Registered Agent Name SUMMERS, JUANITA Street Address (P.O. Box Number is Not Acceptable) 244 E. BOCA RATON RD City BOCA RATON FL Zip Code 33432	
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 <u>JUANITA SUMMERS</u> DATE <u>7/15/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.)</small>			
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SUMMERS, JUANITA 449 S.W. WHITMORE DR. PORT ST. LUCIE, FL 34986 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SUMMERS, JUANITA 244 E. BOCA RATON RD BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Juanita Summers</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		7/13/05 (954) 389-3459 <small>Date Daytime Phone #</small>	

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