


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90043 024 ****50.00

DOCUMENT # L05000033001 1. Entity Name SUMMERFIELD COMMERCIAL PROPERTY, LLC					
Principal Place of Business 3111 UNIVERSITY DRIVE, STE. 610 CORAL SPRINGS FL 33065			Mailing Address 3111 UNIVERSITY DRIVE, STE. 610 CORAL SPRINGS FL 33065		
2. Principal Place of Business 6131 Lyons Road		3. Mailing Address ← Same			
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. 			
City & State COCONUT CREEK, FL		City & State 			
Zip 33073		Country USA		Zip 	
Country 		Country 			
6. Name and Address of Current Registered Agent HODKIN, PETER M ONE EAST BROWARD BLVD., STE. 1501 FORT LAUDERDALE FL 33301			7. Name and Address of New Registered Agent Name 		
			Street Address (P.O. Box Number is Not Acceptable) 		
			4901 N.W. 17 WAY #504		
			City FORT LAUDERDALE		Zip Code FL 33309
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 _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HODKIN, PETER M ONE E. BROWARD BLVD., STE. 1501 FT. LAUDERDALE FL 33301 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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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1st MOORE CR2E083 (10/05)

4. FEI Number 20-4736905	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/21/06 954-481-3700

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.