

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-01-2006 90066 021 ****50.00

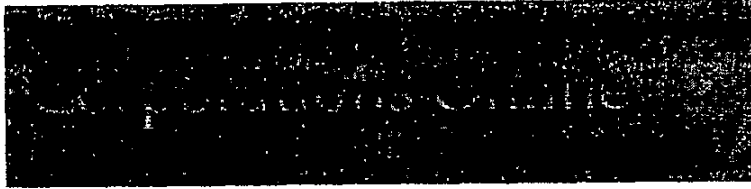
20040830



DOCUMENT # L05000058256					
1. Entity Name SUMNER WILLIAMS, LLC					
Principal Place of Business % JOAN LEWIS, C & L PROPERTIES 169 HICKPOOCHEE AVENUE LABELLE, FL 33935			Mailing Address POST OFFICE BOX 403 LABELLE, FL 33975		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 04272006 Chg-LLC CR2E083 (11/05) 20-4728796	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WILSON, MICHAEL J 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL Zip Code
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 _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOAN LEWIS		NAME		
STREET ADDRESS	169 HICKPOOCHEE AVE		STREET ADDRESS		
CITY-ST-ZIP	LABELLE, FL. 33935		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Joan Lewis</i>		JOAN LEWIS		4/27/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	

ATTACHMENT
20040830

39-368-6820



Florida Limited Liability

SUMNER WILLIAMS, LLC

PRINCIPAL ADDRESS
% JOAN LEWIS, C & L PROPERTIES
169 HICKPOOCHEE AVENUE
LABELLE FL 33935

MAILING ADDRESS
POST OFFICE BOX 403
LABELLE FL 33975

Document Number
L05000058256

State
FL

FEI Number
NONE

Status
ACTIVE

Date Filed
06/13/2005

Effective Date
NONE

Total Contribution
0.00

Registered Agent

Name & Address
WILSON, MICHAEL J 200 SOUTH ORANGE AVENUE SARASOTA FL 34236

Manager/Member Detail

Name & Address	Title
NONE	

Annual Reports

Report Year	Filed Date