


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-01-2006 90065 007 ****50.00

DOCUMENT # L05000058540 1. Entity Name SUMNER LEWIS, LLC					
Principal Place of Business POST OFFICE BOX 403 LABELLE, FL 33975			Mailing Address POST OFFICE BOX 403 LABELLE, FL 33975		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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	
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.				4. FEI Number 20-4728641	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR JOAN LEWIS 170 N HICKORY ST LABELLE, FL 33935		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JANET SAVANT P.O. BOX 186 FELDA, FL 33930		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAREN GUTHRIE P.O. BOX 403 LABELLE, FL 33975		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	
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	
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 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>Karen Guthrie</i>			KAREN GUTHRIE		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4/27/06 Daytime Phone #		

20040794



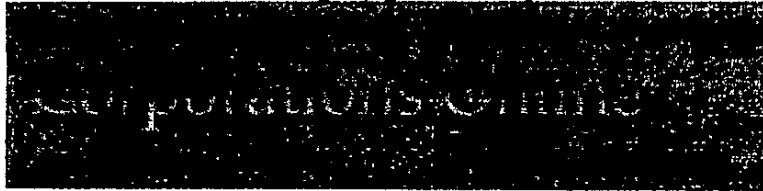
04272006 Chg-LLC CR2E083 (11/05)

Division of Corporations

ATTACHMENT

20040794

Page 1 of 2



Florida Limited Liability

SUMNER LEWIS, LLC

PRINCIPAL ADDRESS

POST OFFICE BOX 403
LABELLE FL 33975

MAILING ADDRESS

POST OFFICE BOX 403
LABELLE FL 33975

Document Number
L05000058540

State
FL

Total Contribution
0.00

FEI Number
NONE

Status
ACTIVE

Date Filed
06/13/2005

Effective Date
NONE

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
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