

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000058540

Entity Name: SUMNER LEWIS, LLC

FILED  
Apr 30, 2007  
Secretary of State

## Current Principal Place of Business:

POST OFFICE BOX 403  
LABELLE, FL 33975

## New Principal Place of Business:

169 HICKPOOCHEE AVE  
LABELLE, FL 33935

## Current Mailing Address:

POST OFFICE BOX 403  
LABELLE, FL 33975

## New Mailing Address:

169 HICKPOOCHEE AVE  
LABELLE, FL 33935

FEI Number: 20-4728641

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILSON, MICHAEL J  
200 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: LEWIS, JOAN  
Address: 170 NORTH HICKORY ST  
City-St-Zip: LABELLE, FL 33935

Title: MGR ( ) Delete  
Name: SAVANT, JANET  
Address: PO BOX 186  
City-St-Zip: FELDA, FL 33930

Title: MGR ( ) Delete  
Name: GUTHRIE, KAREN  
Address: PO BOX 403  
City-St-Zip: LABELLE, FL 33975

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOAN LEWIS

MGR

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date