2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000062653

1. Entity Name SUMMERFIELD II, LLC



FILED May 05, 2008 08:00 AN Secretary of State

Principal Place of Business

TAMPA, FL 33607

2502 N. ROCKY POINT DRIVE SUITE 1050

2502 N. ROCKY POINT DRIVE SUITE 1050

SUITE 1050 TAMPA, FL 33607

Mailing Address



DO NOT WRITE IN THIS SPACE

03112008 No Chg-LLC

hg-LLC . CR2E083 (12/07)

FEI Number
 20-3045476

 Certificate of Status Desired
 □

\$5.00 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

STROHAUER, GARY N 1150 CLEVELAND STREET SUITE 300 CLEARWATER, FL 33755 DO NOT WRITE IN THIS SPACE

| 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

Signature, typed or printed name of registered agent and little if applicable

MANAGING MEMBERS/MANAGERS

(NOTE: Registered Agent signature required when reinstating)

DATE

FiLE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

| NAME STREET ADDRESS CITY-ST-ZIP | MGRM THE RYAN GROUP, LLC 2502 N. ROCKY POINT DRIVE, #1050 TAMPA, FL 33607 |
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| TITLE NAME STREET ADDRESS | |

DO NOT WRITE IN THIS SPACE

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:

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

rules/m

813-288-8038

Daytime Phone #