

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 24, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000115894

1. Entity Name  
SUMMER LANDINGS DEVELOPERS, LLC



Principal Place of Business  
13060 MAR STREET  
CORAL GABLES, FL 33156

Mailing Address  
13060 MAR STREET  
CORAL GABLES, FL 33156



07092007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-4242491

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ROSENBAUM, MICHAEL J  
201 ALHAMBRA CIRCLE  
601  
CORAL GABLES, FL 33134

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by September 14, 2007**

U00000770119  
07/24/07-80003-007 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	PEREZ, AGUSTIN J
STREET ADDRESS	13060 MAR STREET
CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE	MGR
NAME	RODRIGUEZ, MANUEL A
STREET ADDRESS	9320 RED ROAD
CITY-ST-ZIP	PINECREST, FL 33156
TITLE	MGR
NAME	CANTENS, GASTON E
STREET ADDRESS	11890 SE 8TH STREET, STE 502
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	MGR
NAME	MONTERO, ARMANDO
STREET ADDRESS	7073 NW 107 CT
CITY-ST-ZIP	DORAL, FL 33178
TITLE	MGR
NAME	RODRIGUEZ, EDUARDO
STREET ADDRESS	1621 COLLINS AVENUE, PH 1012
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

Date: 7/17/07

Daytime Phone # \_\_\_\_\_