

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90040 032 ***138.75

DOCUMENT # L05000118537	
1. Entity Name SUMMERSET ESTATES, LLC	

Principal Place of Business 4125 SE 24TH STREET OCALA FL 34471	Mailing Address 4125 SE 24TH STREET OCALA FL 34471
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2. Principal Place of Business - No P.O. Box # 2109 S.E. 41st Ave. Suite, Apt. #, etc. N/A	3. Mailing Address 2109 S.E. 41st Ave. Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/07)

City & State OCALA, FL	City & State OCALA, FL
Zip 34471	Country MARION

4. FEI Number 20-3850128	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent VAN DE VEN, WILLIAM C 4125 SE 24TH STREET OCALA FL 34471	
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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's signature required when renewing) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAN DE VEN, WILLIAM C 4125 SE 24TH STREET OCALA FL 34471 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2109 S.E. 41st Ave. ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAN DE VEN, CATHARINE M 4125 SE 24TH STREET OCALA FL 34471 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2109 S.E. 41st Ave. ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAN DE VEN, HARVEY W 4125 SE 24TH STREET OCALA FL 34471 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2109 S.E. 41st Ave. ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *William C. Vandeven* **William C. Vandeven** Feb. 1-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE