

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000026959

Entity Name: SUMMERPORT WEST, LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

801 N ORANGE AVE
SUITE 518
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2501
ORLANDO, FL 32802

New Mailing Address:

FEI Number: 76-0823320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBB, JOHN L
801 N ORANGE AVE
SUITE 518
ORLANDO, FL 32801 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: MGRM () Delete
Name: WEBB, JOHN L
Address: PO BOX 2501
City-St-Zip: ORLANDO, FL 32802

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: TRAMELL, JOE B
Address: PO BOX 2501
City-St-Zip: ORLANDO, FL 32802

Title: MGRM () Change (X) Addition
Name: KARR, THOMAS J
Address: 527 MAIN ST
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM () Change (X) Addition
Name: ALLEN, DONALD R
Address: 16 E PLANT ST
City-St-Zip: WINTER GARDEN, FL 34787

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: JOHN L WEBB

MGRM

04/28/2009

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