


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90046 027 ****55.00

DOCUMENT # L06000027555 1. Entity Name TRW SUMMERPINE, LLC					
Principal Place of Business 17080 SAFETY STREET #104 FORT MYERS, FL 33908-7506			Mailing Address 17080 SAFETY STREET #104 FORT MYERS, FL 33908-7506		
2. Principal Place of Business - No P.O. Box # 13940 Lake Mahogany Blvd.		3. Mailing Address 13940 Lake Mahogany Blvd.			
Suite, Apt. #, etc. # 1113		Suite, Apt. #, etc. # 1113			
City & State Fort Myers, FL		City & State Fort Myers, FL			
Zip 33907		Country USA		Zip 33907	
Country USA		Country USA			
6. Name and Address of Current Registered Agent WILDEY, TIMOTHY R 17080 SAFETY STREET #104 FORT MYERS, FL 33908-7506				7. Name and Address of New Registered Agent Name WILDEY, TIMOTHY R Street Address (P.O. Box Number is Not Acceptable) 13940 LAKE MAHOGANY BLVD. # 1113 City, FORT MYERS FL 33907	
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 <u><i>Timothy R. Wildey</i></u> TIMOTHY R. WILDEY DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILDEY, TIMOTHY R 941 SAN CARLOS DRIVE, #1 FT. MYERS BEACH, FL 339312225 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILDEY, TIMOTHY R 13940 LAKE MAHOGANY BLVD. # 1113 FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Timothy R. Wildey</i></u> TIMOTHY R. WILDEY <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date _____ Daytime Phone # _____		