

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000027555

1. Entity Name
TRW SUMMERPINE, LLC



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

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

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

6. Name and Address of Current Registered Agent

WILDEY, TIMOTHY R
17080 SAFETY STREET #104
FORT MYERS, FL 33908-7506

Name
WILDEY, TIMOTHY R

Street Address (P.O. Box Number is Not Acceptable)
13940 LAKE MAHOGANY BLVD.

1113

Cit: **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 *Timothy R. Wildey*
Signature, typed or printed name of registered agent and title if applicable

TIMOTHY R. WILDEY

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
WILDEY, TIMOTHY R
13940 LAKE MAHOGANY BLVD. # 1113
FORT MYERS, FL 33907

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
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CITY-ST-ZIP

Change Addition

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Change Addition

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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 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: *Timothy R. Wildey*

TIMOTHY R. WILDEY

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

Date

Daytime Phone #