

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000085222

Entity Name: SUMMIT KIDS, LLC

FILED
Feb 08, 2007
Secretary of State

Current Principal Place of Business:

1800 MARINA CIRCLE
NORTH FORT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

1800 MARINA CIRCLE
NORTH FORT MYERS, FL 33903

New Mailing Address:

FEI Number: 65-1289416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, DANIEL M
1800 MARINA CIRCLE
NORTH FORT MYERS, FL 33903 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: DK FAMILY LIMITED PA, RTNERSHIP, LTD
Address: 1800 MARINA CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: MGRM () Delete
Name: DENNIS J HACKWORTH R, EVOCABLE LIVIN G TRUST
Address: 4812 CAPE CORAL STREET
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM () Delete
Name: JACKIE L HACKWORTH R, EVOCABLE LIVIN G TRUST
Address: 4812 CAPE CORAL STREET
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DENNIS HACKWORTH

MGRM

02/08/2007

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