

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000093248

**FILED**  
**Apr 30, 2007**  
**Secretary of State**

**Entity Name:** CUMMINS ENTERPRISES, LLC

**Current Principal Place of Business:**

5820 S. WILLIAMSON BLVD.  
STE. 4  
PORT ORANGE, FL 32128

**New Principal Place of Business:**

5842 SPRUCE CREEK WOODS DRIVE  
PORT ORANGE, FL 32127

**Current Mailing Address:**

5820 S. WILLIAMSON BLVD.  
STE. 4  
PORT ORANGE, FL 32128

**New Mailing Address:**

5842 SPRUCE CREEK WOODS DRIVE  
PORT ORANGE, FL 32127

**FEI Number:** 20-5628942

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GORNT0, BRADFORD B ESQ.  
149 S. RIDGEWOOD AVE.  
STE. 550  
DAYTONA BEACH, FL 32114 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: MGR ( ) Delete  
Name: CUMMINS, JOSEPH P  
Address: 5820 S. WILLIAMSON BLVD., STE. 4  
City-St-Zip: PORT ORANGE, FL 32128 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CUMMINS, JOSEPH P  
Address: 5842 SPRUCE CREEK WOODS DRIVE  
City-St-Zip: PORT ORANGE, FL 32127 US

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:** JOSEPH CUMMINS

MGR

04/30/2007

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