

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000103344

FILED
Apr 30, 2008
Secretary of State

Entity Name: SUMMERGATE MANAGEMENT, LLC

Current Principal Place of Business:

225 TURTLE CREEK CIRCLE
OLDSMAR, FL 24677

New Principal Place of Business:

225 TURTLE CREEK CIRCLE
OLDSMAR, FL 34677

Current Mailing Address:

225 TURTLE CREEK CIRCLE
OLDSMAR, FL 24677

New Mailing Address:

225 TURTLE CREEK CIRCLE
OLDSMAR, FL 34677

FEI Number: 16-1776330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTER, GARY F
225 TURTLE CREEK CIRCLE
OLDSMAR, FL 24677 US

Name and Address of New Registered Agent:

CARTER, GARY F
225 TURTLE CREEK CIRCLE
OLDSMAR, FL 34677 US

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:

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CARTER, GARY F
Address: 225 TURTLE CREEK CIRCLE
City-St-Zip: OLDSMAR, FL 24677

Title: MGRM () Delete
Name: CARTER, GAIL O
Address: 225 TURTLE CREEK CIRCLE
City-St-Zip: OLDSMAR, FL 24677

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CARTER, GARY F
Address: 225 TURTLE CREEK CIRCLE
City-St-Zip: OLDSMAR, FL 34677

Title: MGRM (X) Change () Addition
Name: CARTER, GAIL O
Address: 225 TURTLE CREEK CIRCLE
City-St-Zip: OLDSMAR, FL 34677

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: GARY F. CARTER

MGRM

04/30/2008

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