

**2009 LIMITED LIABILITY COMPANY  
REINSTATEMENT**

**FILED**

2009 APR 21 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # L07000018640					
1. Entity Name SUMMIT HOMES GROUP, LLC					
Principal Place of Business 2240 TRADE CENTER WAY NAPLES, FL 34109		Mailing Address 2240 TRADE CENTER WAY NAPLES, FL 34109			
2. Principal Place of Business - No P.O. Box # 14906 TYBEE ISLAND DR. Suite, Apt. #, etc.		3. Mailing Address 14906 TYBEE ISLAND DR. Suite, Apt. #, etc.			
City & State NAPLES FL		City & State NAPLES, FL		4. FEI Number 208779656 Applied For Not Applicable	
Zip 34119		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JEFFREY S. SCHELLING PA 2240 TRADE CENTER WAY NAPLES, FL 34109			7. Name and Address of New Registered Agent Name LORI BACON Street Address (P.O. Box Number is Not Acceptable) 14906 TYBEE ISLAND DR. City NAPLES FL Zip Code 34119		
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 <i>Lori Bacon</i>		LORI BACON		3-31-09	
FILE NOW!!! FEE IS \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BACON, BONNER 2240 TRADE CENTER WAY NAPLES, FL 34109	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900150701719 04/16/09--01044--025 **277.50	
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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 08-09	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	04-21-09	
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: <i>Bonner Bacon</i>			3-31-09 239 595 0405		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		