FILED
Jun 04, 2008 8:00 am
Secretary of State
04-30-2008 90026 045 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000048443

1. Entity Name
BECKER SHANNON SUMMIT, LLC

30008680

01162008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
2627 S. JENKINS ROAD FORT PIERCE, FL 34981	2627 S. JENKINS ROAD FORT PIERCE, FL 34981

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3150 Cardinal Drive	3150 Cardinal Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Vero Beach, FL	City & State: Vero Beach, FL
Zip: 32963 Country:	Zip: 32963 Country:

4. FEI Number: 26-0154466 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLLINS, GEORGE G JR. 756 BEACHLAND BOULEVARD VERO BEACH, FL 32963	Name: Thomas Hurley Street Address (P.O. Box Number is Not Acceptable): 3150 Cardinal Drive City: Vero Beach FL Zip Code: 32963

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 [signature] 4/28/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BECKER HOLDING CORPORATION 2627 S. JENKINS ROAD FORT PIERCE, FL 34981	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Becker Holding Corporation 3150 Cardinal Drive Vero Beach, FL 32963	☑ Change ☐ Addition
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 NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS 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: [signature] 4/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #