

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90324 048 ***138.75

DOCUMENT # L07000058616					
1. Entity Name SUMMERLOT & SUMMERLOT, LLC					
Principal Place of Business 420 SIDNEY LANE FORT LAUDERDALE, FL 33312 US			Mailing Address 420 SIDNEY LANE FORT LAUDERDALE, FL 33312 US		
2. Principal Place of Business - No P.O. Box # 15817 Melpart Circle		3. Mailing Address 15817 Melpart Circle			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Port Charlotte, FL		City & State Port Charlotte, FL		4. FEI Number 06-1817972	
Zip 33981		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SUMMERLOT, JACK 420 SIDNEY LANE FORT LAUDERDALE, FL 33312			7. Name and Address of New Registered Agent Name: JACK SUMMERLOT Street Address (P.O. Box Number is Not Acceptable): 15817 Melpart Circle City: Port Charlotte FL Zip Code: 33981		
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 _____ (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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUMMERLOT, JACK <input type="checkbox"/> Delete 420 SIDNEY LANE FORT LAUDERDALE, FL 33312				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUMMERLOT, ANN <input type="checkbox"/> Delete 420 SIDNEY LANE FORT LAUDERDALE, FL 33312				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACK SUMMERLOT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15817 Melpart Circle PORT CHARLOTTE FL 33981				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANN SUMMERLOT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15817 MELPORT CIRCLE PORT CHARLOTTE FL 33981				
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"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Ann Summerlot MGRM</i> 3-24-08/954-658-16207					