## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## May 16, 2008 8:00 am Secretary of State **DOCUMENT # L07000125519** 04-15-2008 90103 037 \*\*\*138.75 SUMMERHILL DEVELOPMENT, LLC Principal Place of Business Mailing Address 30006561 127 S.E. 35TH STREET 127 S.E. 35TH STREET **KEYSTONE HEIGHTS, FL 32656** KEYSTONE HEIGHTS, FL 32656 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 03102008 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number Applied For City & State Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent E. Van Zant Charles NEWELL, PAUL D Street Address (P.O. Box Number is Not Acceptable) 260A S. LAWRENCE BLVD. **SUITE 201** KEYSTONE HEIGHTS, FL 32656 City Keystone Heights 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 Charles Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM ШÆ ☐ Change Äddition 7ff) F VAN ZANT, CHARLES E NAME NAME **127 S.E. 35TH STREET** STREET ADDRESS STREET ADDRESS CITY - ST-7P CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656 TITLE ☐ Delete ☐ Change Addition NUMB NAME STREET ADDRESS STREET ADDRESS CITY-51-ZIP CITY-ST-ZIP TITLE ☐ Deleta IIILE KUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Delete IIITE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUY-ST-7P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Detete MLE ☐ Addition KALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 809, Florida Statutes. Spril 2008 Onyme Prone SIGNATURE: A. OR AUTHORIZED REPRESENTATIVE

**FILED**