

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L10000013810

**FILED**  
**May 05, 2011**  
**Secretary of State**

**Entity Name:** SUMMERWINDS OF JACKSONVILLE, LLC

**Current Principal Place of Business:**

5262 TIMUQUANA ROAD  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

3250 MARY STREET  
SUITE 306  
MIAMI, FL 33133 US

**Current Mailing Address:**

PO BOX 7901  
JACKSONVILLE, FL 32238

**New Mailing Address:**

3250 MARY STREET  
SUITE 306  
MIAMI, FL 33133 US

**FEI Number:** 27-1855482

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

IVAN, JR., MICHAEL J ESQ.  
ONE INDEPENDENT DRIVE, SUITE 3131  
C/O IVAN, COLE & BONNETTE, P.A.  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

LEVINE, ALAN W ESQUIRE  
1110 BRICKELL AVENUE  
SUITE 700  
MIAMI, FL 33131 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: ALAN W. LEVINE

05/05/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: STYLES LP, LLC  
Address: 3250 MARY STREET, SUITE 306  
City-St-Zip: MIAMI, FL 33133 US

I hereby 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: PAUL C. STEINFURTH

MGR

05/05/2011

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