

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L94000000657

1. Entity Name
SUMMER BEACH RESORT, L.C.



Principal Place of Business
**5456 FIRST COAST HIGHWAY
AMELIA ISLAND, FL 32084**

Mailing Address
**5456 FIRST COAST HIGHWAY
AMELIA ISLAND, FL 32084**



04272004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3280302

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KORSOG, KEITH M
5456 FIRST COAST HIGHWAY
AMELIA ISLAND, FL 32084**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

000000154171
05/04/04-80156-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WINSTON, JAMES H
P.O. BOX 41605 N/A
JACKSONVILLE, FL 32203**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SANDS, JAMES U
5456 FIRST COAST HIGHWAY
AMELIA ISLAND, FL 32084**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

James U. Sands
James U. Sands

4/29/04
4/29/04

Date

(904) 261-0624
(904) 261-0624

Daytime Phone #