FILED

99 HAY -3 PH 12: 56

TALLAMASSEE, FLONDA

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # 197000000239**

1a. Principal Place of Business Address

SUMMERLIN STORGARD V, L.C. 647 MASSACHUSETTS, SUITE 210 LAWRENCE KS 66044

10791 SUMMERLIN ROAD FT. MYERS FL 33908

| | | | | | | | | ı | | | |
|--|--|----------------------------------|---------------------------------|----------------------------|-------------------------|-----------|---|---|------------------------------------|----------------------------------|---|
| 2 Principal Place of Business | | | | 2a. Mailing Address | | | | 3. Date Organized or Qualified 02/27/1997 | | 3a. State of Formation FL | |
| Suite, Apt. #, etc. Sui | | | | uite, Apt. #, etc | | | 4. FEI Number | | Applied For | | |
| City & State C | | | | City & State | | | | 65-0751122 | | Not Applicable | |
| Zip | Country | | | Z _I p Co | | T'Count | · · | 5. Date of Last Report | | 6. Certificate of Status Desired | |
| | | , | | | | | 05/11/1 | | 998 | \$8.75 Additional Fee Required | |
| | nd Address | of Current Reg | stered A | Agent 8. Name and Addre | | | Name and Address | ess of New Registered Agent/Office | | | |
| PFLUGNER, J. GEOFFREY 2033 MAIN STREET SUITE 101 SARASOTA FL 34237 | | | | | | | Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. | | | | |
| its register as register | | tered agent, o ccept the obli | r both, in the Stat gations. | te of Flori | da. Such chan | ge was a | | tive vote of a majority | | | purpose of changing coept the appointment |
| 10 . Title | itle Managing Members/Managers | | | | Business Street Address | | | City. State and Zip Code | | | ip Code |
| NGR | SANTAULARIA, J.E. | | | 647 MASSACHUSETTS ST, | | | ST, STE | LAWRENCE KS | | | |
| NEM (| NEM HEATHERWOOD HOMES, INC | | | 17693 SUMMERLIN ROAD | | | DAC | FT MY | ERS F1 | L | |
| | | | | | | 3·10·9 | 9 | | | | |
| 11 Idohe indicated c | reby certify that th on this annual rec | ne information ort is true an | supplied with thi | is filing do hat my sid | es not qualify f | or the ex | emption stated in Se same legal effect as | ction 119.07(3) (i), F | lorida Statutes that I am a mar | Hurther cert | ify that the information ber or manager of the |

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address. J.E.Santaularia SIGNATURE: ^

INHSE10 R (12-98)

SICMATURE AND ESPECIOR PRICES MAME OF SHAPE CHARACTER AND ARE MEDICALIZADO. CA R