

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000008184</b>					
<b>1. Entity Name</b> THE SUMMUR LIMITED LIABILITY COMPANY					
<b>Principal Place of Business</b> 1740 E. SILVER SPRINGS BLVD. OCALA, FL 34470			<b>Mailing Address</b> 1740 E. SILVER SPRINGS BLVD. OCALA, FL 34470		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		05162005    Chg-LLC    CR2E083 (10/03)	
<b>4. FEI Number</b> 59-3610973				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> \$5.00 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
PLUNKETT, JOHN 1740 E SILVER SPRINGS BLVD OCALA, FL 34470			Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when renating)    DATE _____					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PLUNKETT, JOHN 5383 SE 15TH AVE OCALA, FL 34480	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000367734 05/20/05-80003-008 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PLUNKETT, KEVIN 1740 E SILVER SPRINGS BLVD OCALA, FL 34470	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PLUNKETT, KATHLEEN 1740 E SILVER SPRINGS BLVD OCALA, FL 34480	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PLUNKETT, PATRICK 1740 E SILVER SPRINGS BLVD OCALA, FL 34470	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <b>John Plunkett</b> 5-16-05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #					