2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000008184

1. Entity Name
THE SUMMUR LIMITED LIABILITY COMPANY

Principal Place of Business	Mailing Address
1740 E. SILVER SPRINGS BLVD. OCALA, FL 34470	1740 E. SILVER SPRINGS BLVD. OCALA, FL 34470

DO NOT WRITE IN THIS SPACE

04172006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3610973
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PLUNKETT, JOHN
1740 E SILVER SPRINGS BLVD
OCALA, FL 34470

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6. 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 _____ DATE
Signature (typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

000000524480
05/03/06-80115-014 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	PLUNKETT, JOHN
STREET ADDRESS	5383 SE 15TH AVE
CITY-ST-ZIP	OCALA, FL 34480
TITLE	MGR
NAME	PLUNKETT, KEVIN
STREET ADDRESS	1740 E SILVER SPRINGS BLVD
CITY-ST-ZIP	OCALA, FL 34470
TITLE	MGR
NAME	PLUNKETT, KATHLEEN
STREET ADDRESS	1740 E SILVER SPRINGS BLVD
CITY-ST-ZIP	OCALA, FL 34480
TITLE	MGR
NAME	PLUNKETT, PATRICK
STREET ADDRESS	1740 E SILVER SPRINGS BLVD
CITY-ST-ZIP	OCALA, FL 34470
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 4-16-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #