


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90351 047 ****50.00

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|---------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # M03000003420 |  |
| 1. Entity Name SUMTER SQUARE, LLC | |

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| Principal Place of Business 1515 RINGLING BLVD. #880 SARASOTA, FL 34236 | Mailing Address 1515 RINGLING BLVD. #880 SARASOTA, FL 34236 |
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|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



01042007 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 54-2121997 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent | |
| MENKE, FRANK III 2524 OSPREY AVENUE S. SARASOTA, FL 34239 | |

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|----------------------------------------------------|-----------------------------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| 1515 Ringling Blvd., # 880 | |
| City Sarasota | FL Zip Code 34236 |

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| 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 Frank Menke III | DATE 3/29/07 |
| <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | |

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|------------------------------------------------------|--------------------------------------------------------------|
| Filing Fee is: \$50.00 Due by May 1, 2007 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MENKE, FRANK III 1515 RINGLING BOULEVARD SUITE 880 SARASOTA, FL 34236 <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 |
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| 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 |

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.

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|----------------------------------------------------------------------------------------------------------------------|----------------------|
| SIGNATURE: Frank Menke III | DATE: 3/29/07 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | |
| <small>Date Daytime Phone #</small> | |