


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 15, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # M04000003943  
 1. Entity Name  
 SUMMERVILLE 3 LLC



Principal Place of Business      Mailing Address  
 3000 EXECUTIVE PARKWAY, SUITE 530      3000 EXECUTIVE PARKWAY, SUITE 530  
 SAN RAMON, CA 94583      SAN RAMON, CA 94583

**DO NOT WRITE IN THIS SPACE**



02082005No Chg-LLC      CR2E083 (10/03)

4. FEI Number 13-4287074	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 HIQ CORPORATE SERVICES, INC.  
 526 EAST PARK AVENUE, SUITE 200  
 TALLAHASSEE, FL 32301

**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 \_\_\_\_\_ 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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PERENNIAL INVESTING AND CONSULTING, LLC 3000 EXECUTIVE PARKWAY, SUITE 530 SAN RAMON, CA 94583
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 02/15/05-80055-009 55.00

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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: Melanie Werdel      Date: 2/9/05      Daytime Phone #: (925) 866-1999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE