

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Jun 02, 2008 8:00 am
Secretary of State

04-10-2008 90214 001 *4,717.50

DOCUMENT # M07000001816	
1. Entity Name BR SUMMIT 2, LLC	

Principal Place of Business 100 PARK AVENUE, 34TH FLOOR NEW YORK NY 10017	Mailing Address 100 PARK AVENUE, 34TH FLOOR NEW YORK NY 10017
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2. Principal Place of Business - No P.O. Box # 680 FIFTH AVE, 16TH FLOOR	3. Mailing Address 16500 North Park Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc. 202

City & State New York, NY	City & State SOUTHFIELD MI
Zip 10019	Zip 48075
Country USA	Country USA

1st MOORE CR2E083 (10/07)

4. FEI Number	☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	
7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:	

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 _____
Signature, typed or printed name of registered agent and fee applicable (NOTE: Registered Agent's signature required when changing agent) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOHME, TRUDY W TRUSTEE 1760 ROCHELLE PARKWAY MERRITT ISLAND FL 32952 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Deborah Hunt* **3-17-08 248-424-5693**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Printed Name