

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM****Secretary of State****DOCUMENT # A00000000587**1. Entity Name  
SUMMIT EAST TECHNOLOGY FUND, LIMITED PARTNERSHIPPrincipal Place of Business  
1700 SUMMIT LAKE DR.  
TALLAHASSEE FL 32311  
Mailing Address  
1700 SUMMIT LAKE DR.  
TALLAHASSEE FL 323112. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country  
3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country4. FEI Number  
**59-3636919**  
Applied For  
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
MCDONALD ROBERT RESQ.  
101 EAST COLLEGE AVENUE  
TALLAHASSEE FL 32301 US7. 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.

SIGNATURE \_\_\_\_\_ DATE **04/30/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)9. Capital Contributions  
as Shown on record. 50,000,000.0010. Amount of Capital Contributions  
in FLORIDA to date. 10,000.00**11. MAKE CHECK PAYABLE TO DEPT. OF STATE**  
**SEE REVERSE SIDE FOR FEE INFORMATION****A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**12. GENERAL PARTNER INFORMATION  
DOCUMENT #  
NAME SUMMIT EAST MANAGEMENT, L.L.C.  
STREET ADDRESS 3372 CAPITAL CIRCLE, N.E.  
CITY-ST-ZIP TALLAHASSEE FL 32301  
DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP13. ADDRESS CHANGES ONLY  
STREET ADDRESS 1700 SUMMIT LAKE DR  
CITY-ST-ZIP TALLAHASSEE FL 32311  
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STREET ADDRESS  
CITY-ST-ZIP  
STREET ADDRESS  
CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** Richard S. Kearney  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MM 04/30/2001

Date

Daytime Phone #

CR2E003 (11/00)