

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2008**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

|                                                        |                                                                                   |
|--------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # A01000000613</b>                         |  |
| 1. Entity Name<br><b>SUMMIT EAST INVESTORS I, LTD.</b> |                                                                                   |

|                                                                                               |                                                                                   |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Principal Place of Business<br><b>1625 SUMMIT LAKE DRIVE<br/>229<br/>TALLAHASSEE FL 32317</b> | Mailing Address<br><b>1625 SUMMIT LAKE DRIVE<br/>229<br/>TALLAHASSEE FL 32317</b> |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|



|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 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 |

1st MOORE CR2E003 (10/07)

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-3738641</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                   |  |                                                    |          |
|-----------------------------------------------------------------------------------|--|----------------------------------------------------|----------|
| 6. Name and Address of Current Registered Agent                                   |  | 7. Name and Address of New Registered Agent        |          |
| <b>HARRIS, FRED F JR, ESQ<br/>1700 SUMMIT LAKE DRIVE<br/>TALLAHASSEE FL 32317</b> |  | Name                                               |          |
|                                                                                   |  | Street Address (P.O. Box Number is Not Acceptable) |          |
|                                                                                   |  | City                                               |          |
|                                                                                   |  | FL                                                 | Zip Code |

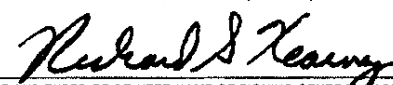
|                                                                                                                                                                                                                              |            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 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 _____                                                                                                                                                                                                              | DATE _____ |

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2008, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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                     |                                                                                               | 13. ADDRESS CHANGES ONLY      |                                            |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------|
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | L00000002440<br>SUMMIT EAST MANAGEMENT, LLC<br>1625 SUMMIT LAKE DRIVE<br>TALLAHASSEE FL 32317 | STREET ADDRESS<br>CITY-ST-ZIP | U000000942412<br>05/29/08-80017-018 500.00 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                               | STREET ADDRESS<br>CITY-ST-ZIP |                                            |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                               | STREET ADDRESS<br>CITY-ST-ZIP |                                            |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                               | STREET ADDRESS<br>CITY-ST-ZIP |                                            |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                               | STREET ADDRESS<br>CITY-ST-ZIP |                                            |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                               | STREET ADDRESS<br>CITY-ST-ZIP |                                            |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                               | STREET ADDRESS<br>CITY-ST-ZIP |                                            |

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

**SIGNATURE:**  **42808 850-219-5289**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Dying Party \*

STAPLE CHECK HERE