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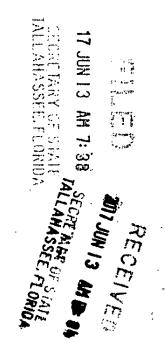
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Summit E	EAS+ nership or Lim	ted Liabil	estors 1, Lto
DOCUMENT NUMBER:	_		00613
The enclosed Statement of Change of l fee(s) are submitted for filing.	Registered (Office an	d/or Registered Agent and
Please return all correspondence conce	erning this m	natter to:	
JULIE SCHULZ	<u> </u>		_
Contact Person			
SUMMIT GROUP MANAGEMENT	, LLC		
Firm/Company			···
2427 DANNEDMAN DOAD CIT	ተዋወ ከኃለዕ		
3427 BANNERMAN ROAD, SUI	L.16 D200		_
TALLAHASSEE FL 32312			_
City, State and Zip Coo	de		
julie.schulz@summitgroup			
E-mail address: (to be used for future and	nual report not	ification)	
For further information concerning thi	s matter, ple	ase call:	
JULIE SCHULZ	at (850)219-8207
Name of Contact Person			and Daytime Telephone Number
Enclosed is a \$35.00 check made paya	ible to the Fl	orida De	epartment of State.
STREET ADDRESS:		MAII	LING ADDRESS:
Registration Section		Regist	tration Section
Division of Corporations			on of Corporations
Clifton Building		-	Box 6327
2661 Executive Center Circle		Tallah	assee, FL 32314
Tallahassee, FL 32301			

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. <u>Sun</u>	nmit E		nvesti		1, 1	td_	_
Name	of Limited Partners	hip or Limited I	Liability Limit	ed Partners	ship'		
2. Date of filing/re	04 \200 gistration in Florida				DODO (013	2
•	•						
4. The name of the regist Department of State:	tered agent and the i	registered office	address as sho	own on the	records of the	: Florida	ı
st	UMMIT GROUP	INTERNAT	'IONAL MA	ANAGEM:	ENT, LI	ıC	
_		Name	•				
20	73 SUMMIT	LAKE DRIV	E, SUITE	₹ 155			
		Address					
TA	ALLAHASSEE	FL 32317			200		
		City, State and 2		,	,	7 J	
		•	•	e.c.	프	E	
5. The name and Florida	street address of the	e new registered	l agent and/or	office:	SS (5)	$\overline{\omega}$	n e laster Systemas
						AM	å gregar
_		Name			(2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		tr "Marke
34	427 BANNERM					7: නම	
	Florida street a	address (P.O. Bo	x not acceptab	ole)	2.2	40 5;	
T.A.	ALLAHASSEE		FL	32312			
		City, State and	Zip				
6. Such change(s) is/a/c	effective when filed	d by the Florida	Department of	State.			
Ch.	Mall	2_					
Signature of General Par	ıner .	Sin	nmit (group	Mgm.	4 L	1(
I hereby accept the appo comply with the provisio and I am familiar with a	ons of all statutes rel	lative to the prop	er and comple	ete perform	I further agr nance of my du	ee to ities,	
My	Khal	1/2 /					
Signature of Registered	Agent						

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50